



You've had a Change in Status that will cause your A&M System health/dental/vision coverage to end on the last day of the month in which the Change in Status occurred. To continue coverage, complete and return this form to your Human Resources office. If you are a Graduate Student and want to continue coverage on the Graduate Student Plan, see page 2 - "Graduate Student Health Plan". You must return this form within 60 days from the date you lose coverage or the date on this form, whichever is later, or you forfeit your COBRA rights. Send payment directly to carrier. Coverage is not effective until premium payments are made.

Grid for UIN of employee/retiree or Social Security Number

UIN of employee/retiree or Social Security Number

Name Includes spouse/dependents, if any

Date sent (MM/DD/YYYY)

Address

You are eligible for COBRA due to one of the events listed below. If you enroll, coverage begins the first of the month following:

- Termination of employment—Coverage may continue for up to 18 months...
Reduction of hours—Contact your Human Resources office about retaining benefits.
Leave without pay—Contact your Human Resources office about retaining benefits.
Death of an employee/retiree—Coverage may continue for up to 36 months.
Divorce from an employee/retiree—Coverage may continue for up to 36 months.
Dependent losing eligibility—Coverage may continue for up to 36 months.

To keep your current: Health coverage, check here
Dental coverage, check here
Vision coverage, check here

- If you are in A&M Care and wish to change to A&M Care 65 Plus, check here:
If you are in the Dental HMO and are moving out of the service area, check here to enroll in A&M Dental:
If you are in the Graduate Student Health plan, and wish to change to the A&M Care plan check here:
If you are completing this form because of divorce, death of the employee/retiree, or losing eligibility as a dependent child, please provide your Social Security number here:

Dependent coverage: To continue coverage, complete the following and place a check beneath the coverage(s) you wish to continue for each dependent (list additional dependents on a separate page). Each covered family member may continue coverage.

- To continue coverage on your spouse and/or dependent children only and not yourself, check here:

Table with 7 columns: Dependent Name, Relationship to employee, Social Security number, Birthdate (mm/dd/yyyy), Health, Dental, Vision

I understand that I have 45 days from the date my Human Resources office receives this form or 30 days after termination of the Graduate Student Health plan, to make my first premium payment and that I am responsible for making timely payments regardless of whether I have received a bill from the carrier. Premium payments are due every 30 days, and if I do not make timely payments, my coverage will be cancelled. I understand my coverage may end before the maximum coverage period ends if I (1) obtain coverage under another group plan that does not have a pre-existing condition clause or (2) enroll in Medicare parts A and/or B, unless I am already enrolled in A and/or B before my qualifying event

Date Stamp box

Print your name, address & phone number

Signature in ink (blue preferred)

Grid for MICR line

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## Important Information About Your COBRA Continuation Coverage

**Premiums:** COBRA coverage is the same as coverage provided to all other participants under your health/dental/vision plan, but the premiums are 102% (or 150% during additional coverage extension due to a disability) of the regular premiums. If you elect COBRA, **do not** send payment with the Election Form. You must send your first payment to the carrier's address (shown below) no later than 45 days (30 days if you are continuing on the Graduate Student Health plan) after your election date. If you do not, you will lose COBRA coverage. You are responsible for ensuring that the amount of your first payment is correct. After your first payment, payments are due before the first of each month. After the first of each month, you will be given a 30-day grace period to make each payment. If you do not make a payment before the end of the grace period, you will lose COBRA coverage.

**Coverage extensions:** You and your qualified beneficiaries may be eligible for an 11-month extension if the Social Security Administration (SSA) determines that at least one of you is disabled. The disability has to have started before the 60th day of COBRA coverage and must last at least until the end of the coverage period. To extend the coverage period, you must notify your Human Resources office of the SSA approval before the end of your COBRA coverage period. Your spouse and dependent children will be eligible for an 18-month extension if a second qualifying event occurs during the first 18 months of COBRA coverage. Such events include the death of a covered participant, divorce from the covered participant, the covered participant becoming entitled to Medicare, or a dependent child ceasing to be eligible for coverage. For secondary events, the 36 months of coverage will extend from the date of the original qualifying event. You must notify the plan within 60 days after a second qualifying event and before the end of the initial COBRA coverage period to extend your coverage. Failure to provide notification of these events to your Human Resources office may affect your right to extend the coverage period.

**COBRA and the Marketplace:** You may continue coverage through COBRA or you may buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums right away, based on your income. Being eligible for COBRA does not limit your eligibility for a tax credit through the Marketplace and you may also qualify for a special enrollment opportunity for other group health plans, such as a spouse's plan, if you request enrollment within 30 days. For more information about the Marketplace, see [healthcare.gov](http://healthcare.gov).

**For more information:** If you have questions regarding COBRA coverage, contact your Human Resources office (see address and phone number at the bottom of this sheet). For information about your rights under the Health Insurance Portability and Accountability Act (HIPAA), go to <http://www.tamus.edu/assets/files/benefits/pdf/publications/HIPAAprivacy.pdf>. To protect your and your family's COBRA rights, keep your Human Resources office informed of any changes in your and/or your family members' addresses.

### 2016-2017 Monthly Health/Dental/Vision Plan COBRA Premiums

(For questions about COBRA billing, use the telephone numbers provided below)

	Participant Only*	Participant & Spouse	Participant & Child(ren)**	Participant & Family
A&M Care (888-541-7107)	\$605.65	\$1,179.00	\$1,003.96	\$1,412.40
A&M Care 65 PLUS (888-541-7107) Health Care Service Corporation, P.O. Box 21026, Tulsa, OK 74121	542.05	1,053.90	897.62	1,262.31
A&M Dental (800-296-0192) Wolfpack Insurance Services Trust, P.O. Box 833, Belmont, CA 94002-0833	30.00	60.00	63.00	95.99
DeltaCare USA Dental HMO (800-296-0192) Wolfpack Insurance Services Trust, P.O. Box 833, Belmont, CA 94002-0833	19.49	34.66	34.94	54.27
EyeMed Vision Care (800-821-7303) Forest T. Jones & Co., Inc., 3130 Broadway, Kansas City, MO 64111	8.13	17.29	13.35	23.80

*If you continue your medical coverage and are a tobacco user, a monthly charge of approximately \$30 will be **added to the medical premium listed above**. An additional charge of approximately \$30 for a covered spouse using tobacco products will also be added.*

*The **Graduate Student Health Plan** offers extension of coverage up to six months, instead of COBRA. Your continuation election and payment for the plan must be completed within 30-days of the coverage termination date. You may decide to change to the A&M Care plan and participate in COBRA for up to 18 months. If you will remain an A&M student, you can enroll in the Student Insurance Plan. Contact Academic Health Plans for rates and more information at 1-877-624-7911 or*

\*"Participant Only" coverage can also be purchased by an individual who loses eligibility as a dependent (for example, in the event of divorce, death of a spouse, or a child reaching age 26).

\*\*"Participant & Child(ren) coverage can also be purchased by two or more individuals who lose eligibility as dependents (for example, in the event of a divorce or the death of a spouse or parent).

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With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.