

This form should be used by employees to confirm their understanding of COBRA benefits for healthcare coverage in the event they ever need to utilize it in the future. Completed forms should be faxed or mailed to the Human Resources Department.

In accordance with Title X of the Consolidated Omnibus Reconciliation Act (COBRA) of 1985, every employee is entitled to continue their health insurance benefits at the agency's reduced group rate after their departure from employment with LIFE Inc. or if they are no longer eligible to receive benefits due to a reduction of hours.

Employees are eligible to continue to receive these benefits for up to eighteen (18) months after the qualifying event of their right to earn benefits being terminated.

COBRA-eligible employees have up to sixty (60) days from the time their benefits stop to decide whether to elect to continue their coverage. Payment is due no later than forty-five (45) days after they elect to continue their coverage. The amount due retroactively begins from the day the employee becomes eligible. No insurance claims will be processed until full, current payment has been received. Payment from that point on will be due each month. Failure to make timely payments will cause termination of COBRA coverage.

Please sign below certifying that you understand COBRA coverage

NAME:	SIGNATURE:	DATE:		
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