

E 4154/4254/4354 INSURANCE/HEALTH AND WELFARE BENEFITS

	Responsibility	Timeline
Plan Administrator	Provide written notice to all employees of coverage under COBRA	At commencement of coverage
	Notify employee/beneficiary of option to elect continued health coverage	Within 14 days
District	Notify Plan Administrator of employee death, termination, retirement, Medicare eligibility or reduction in hours	Within 30 days of event
Employee/Beneficiary	Elect to accept or refuse continuation coverage	60 days
	Notify Plan Administrator of a divorce, legal separation or termination of a child's dependent status	Upon occurrence

9/92

Adopted 3/23