COBRA ELECTION NOTICE

for Plans offered through the Office of Group Benefits

Date July 7, 2014

Dear: NAME
ADDRESS
ANY CITY, LA 99999

Introduction

This notice contains important information about your right to continue your health care coverage in one of the plans offered through the Office of Group Benefits (hereinafter referred to as "Plan" or "Plans"), as well as other health coverage options that may be available to you through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information contained in this notice very carefully. We use the pronoun "you" in this notice (including in the enclosed Election Form) to refer to the individual named above.

Electing COBRA

To elect COBRA continuation coverage, complete the enclosed Election Form and submit it to the Office of Group Benefits, following the instructions at the end of the Election Form. If you do not elect COBRA, your coverage under the Plan ends effective **DATE** due to the **death of the employee.**

The event, the **death of the employee**, that caused you to lose coverage under the **NAME OF PLAN** is called your "qualifying event" in this notice, and the date, **DATE,** is considered the date of your qualifying event.

Electing COBRA for a 36 Month Event

If you elect COBRA due to the the **death of the employee,** then you, the *qualified beneficiary*, are entitled to elect COBRA under the **NAME OF PLAN**, which will continue group health care coverage under the Plan for **up to 36 months**.

COBRA Coverage Duration

If elected, COBRA coverage begins effective **DATE** and can last until **DATE.**

COBRA Coverage Premiums

The current monthly cost of your COBRA coverage is as follows. (Note that these amounts will change in the future and will most likely be higher than they are now. You will be notified of COBRA premium changes.)

- Single Coverage $#####
- With Spouse Coverage $######
- With Children Coverage $#####
- Family Coverage $######

Payment of Premiums

You do not have to send any payment with the Election Form. Important additional information about payment for COBRA coverage is included in the pages following the Election Form. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

Contact Information

The Office of Group Benefits is the COBRA Administrator for the Plan. If you have any questions about this notice or your rights to elect COBRA, you should contact:

Office of Group Benefits
Eligibility Department
Post Office Box 66678
Baton Rouge, Louisiana 70804
225.922.2321
225.925.4074 (FAX)

COBRA ELECTION FORM

INSTRUCTIONS: To elect COBRA coverage, complete the reverse side of this "COBRA Election Form" and return it to the Office of Group Benefits. Under federal law, you must have 60 days after the date of this notice (or, if later, 60 days after the date that Plan coverage is lost) to decide whether you want to elect COBRA coverage under the Plan.

Mail or FAX completed "COBRA Election Form" to:

Office of Group Benefits
Eligibility Department
Post Office Box 66678
Baton Rouge, Louisiana 70804
225.925.4074 (FAX)

This "COBRA Election Form" must be completed in writing and mailed or faxed to the department and address specified above. The following are not acceptable as COBRA elections and will not preserve COBRA rights: oral communications regarding COBRA coverage, including in-person or telephone statements about an individual's COBRA coverage; and electronic e-mail communications. If mailed, your election must be postmarked no later than DATE. If faxed, it must be received by the department at the number specified above no later than DATE.

IF YOU DO NOT SUBMIT A COMPLETED ELECTION FORM BY THE DUE DATE SHOWN ABOVE, YOU WILL LOSE YOUR RIGHT TO ELECT COBRA. If you reject COBRA before DATE, you may change your mind as long as you furnish a completed "COBRA Election Form" before DATE.

Read the important information about your rights included in the pages after the "COBRA Election Form."

COBRA ELECTION FORM

I (We) elect COBRA continuation coverage in the Plan as indicated below:

NAME OF PLAN

❑	Single Coverage	**$ #####**
❑	With Spouse Coverage	**$######**
❑	With Children Coverage	**$ #####**
❑	Family Coverage	**$######**

Name	**Date of Birth**	**Relationship to Employee**	**SSN**

a._____

b. _____

c. _____

d. _____

If you need additional lines, please attach an additional 8½ by 11 sheet of paper. Use the same format as provided here, a-d.

_____ _____

Signature Date

_____ _____

Print Name Relationship to Employee

_____ _____

Print Address Telephone number

_____

This Election Form will be deemed to include an election on behalf of all of the qualified beneficiaries arising from the qualifying event (death of the employe) **and you will owe the corresponding premium, unless you check the box below.**

❑ This is an election of Single COBRA coverage and not an election on behalf of other qualified beneficiaries.

Certification, Signature, and Date:

I certify that the above information is true and correct.

_____ _____

Signature Date

IMPORTANT INFORMATION ABOUT YOUR COBRA CONTINUATION COVERAGE RIGHTS

What is COBRA coverage?

COBRA coverage is a continuation of Plan coverage required under Federal law. This law requires that most group health plans (including this Plan) give "qualified beneficiaries" the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee (or retired employee) covered under the group health plan, the covered employee's spouse, and the dependent children of the covered employee. (Certain newborns, newly adopted children, and alternate recipients under NMSNs may also be qualified beneficiaries. This is discussed in more detail in separate paragraphs below.)

COBRA coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving COBRA coverage. Each qualified beneficiary who elects COBRA will have the same rights under the Plan as other participants or beneficiaries covered under the Plan elected by the qualified beneficiary, including special enrollment rights.

COBRA (and the description of COBRA coverage contained in this notice) applies only to the group health coverage offered under the Plan and not to any other benefits offered by the Office of Group Benefits (for example, life insurance, accident/disability insurance, cancer insurance, or dental insurance).

The Plan provides no greater COBRA rights than what COBRA requires—nothing in this notice is intended to expand your rights beyond COBRA's requirements.

How can you elect COBRA?

To elect COBRA, you must complete the "COBRA Election Form" according to the directions on the "COBRA Election Form" and mail or fax it to the Office of Group Benefits by the date specified on the Election Form. **Failure to do so will result in loss of the right to elect COBRA coverage under the Plan.** Each qualified beneficiary has a separate right to elect COBRA. For example, the employee's spouse may elect COBRA even if the employee does not. COBRA may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect COBRA on behalf of any dependent children. The employee or the employee's spouse (if the spouse is a qualified beneficiary) can elect COBRA on behalf of all of the qualified beneficiaries.

Qualified beneficiaries who are entitled to elect COBRA may do so even if they have other group health plan coverage or are entitled to Medicare benefits on or before the date on which COBRA is elected. However, as discussed in more detail below, a qualified beneficiary's COBRA coverage will terminate automatically if, after electing COBRA, he or she becomes entitled to Medicare benefits or becomes covered under other group health plan coverage. See the paragraph below entitled "**How long will COBRA coverage last?**"

Electing COBRA under your Health Care FSA

COBRA coverage under your Health Care Flexible Spending Arrangement plan (Health Care FSA), if applicable, will be offered separately. You will receive a separate notice of your COBRA rights for your Health Care FSA from your Health Care FSA Administrator or your employer.

How long will COBRA coverage last?

In the case of a loss of coverage due to end of employment or reduction of hours of employment, coverage generally may be continued only for **up to a total of 18 months**. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA coverage for qualified beneficiaries (other than the employee) who lose coverage as a result of the qualifying event can last until **up to 36 months after the date of Medicare entitlement.** This COBRA coverage period is available only if the covered employee becomes entitled to Medicare within 18 months BEFORE the termination or reduction of hours. In the case of losses of coverage due to an employee's death, divorce, or a dependent child ceasing to be a dependent under the terms of the Plan, coverage may be continued for **up to a total of 36 months**.

This notice shows the maximum period of COBRA coverage available to the qualified beneficiaries. COBRA coverage will automatically terminate before the end of the maximum period if:

- any required premium is not paid in full on time;
- a qualified beneficiary becomes covered, after electing COBRA, under another group health plan;
- a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing COBRA;
- the employer ceases to provide any group health plan for its employees;
- for persons eligible to receive Social Security disability benefits, during a disability extension period (the disability extension is explained below), the disabled qualified beneficiary is determined by the Social Security Administration to be no longer disabled; or
- for persons ineligible to receive Social Security disability benefits due to insufficient

"quarters" of employment, during a disability extension period (the disability extension is explained below), the disabled qualified beneficiary is determined by a medical professional qualified to make such a determination, to be no longer disabled.

COBRA coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving COBRA coverage (such as fraud).

You must notify the Office of Group Benefits in writing within 30 days if, after electing COBRA, a qualified beneficiary becomes entitled to Medicare (Part A, Part B, or both) or becomes covered under other group health plan coverage. **You must use the Plan's form entitled "Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability Form", and you must follow the form's notice procedures.** ("The Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability Form" can be obtained from the Office of Group Benefits at no charge, or you can download the form at www.groupbenefits.org).

In addition, if you were already entitled to Medicare before electing COBRA, notify the Office of Group Benefits of your date of Medicare entitlement at the address shown in the box entitled "Notice Procedures," found at the end of this COBRA Election Notice.

How can you extend the length of COBRA coverage?

If you elect COBRA, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify Office of Group Benefits of a disability or a second qualifying event in order to extend the period of COBRA coverage. **Failure to provide timely notice of a disability or second qualifying event will eliminate the right to extend the period of COBRA coverage.**

Disability for Persons Eligible for SSA Benefits

If any of the qualified beneficiaries are determined by the Social Security Administration to be disabled, the maximum COBRA coverage period that results from a covered employee's termination of employment or reduction of hours (generally 18 months, as described above) may be **extended to a total of up to 29 months**. The disability must have started at some time before the 61st day of COBRA coverage and must last at least until the end of the period of COBRA coverage that would be available without the disability extension (generally 18 months, as described above). Each qualified beneficiary who has elected COBRA coverage will be entitled to the disability extension if one of them qualifies.

For persons eligible to receive Social Security disability benefits, **the disability extension is available only if you notify the Office of Group Benefits in writing of the Social Security Administration's determination of disability within 60 days of the latest of:**

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of hours.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension. In providing this notice, you must use the form entitled "Notice of Disability Form," (you may obtain a copy of this form from the Office of Group Benefits at no charge, or you can download the form at www.groupbenefits.org), and you must follow the notice procedures specified in the box at the end of this notice entitled "Notice Procedures." **If these procedures are not followed or if the notice is not provided in writing to the Office of Group Benefits during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, THEN THERE WILL BE NO DISABILITY EXTENSION OF COBRA COVERAGE.**

If the qualified beneficiary is determined by the Social Security Administration to no longer be disabled, you must notify the Office of Group Benefits of that fact within 30 days after the Social Security Administration's determination. You must use the Plan's form entitled "Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability Form" (you may obtain a copy of this form from the Office of Group Benefits at no charge, or you can download the form at www.groupbenefits.org), and you must follow the notice procedures specified in the box at the end of this notice entitled "Notice Procedures."

If the Social Security Administration's determination that the qualified beneficiary is no longer disabled occurs during the disability extension period, then COBRA coverage for all qualified beneficiaries will terminate as of the first day of the month that is more than 30 days after the Social Security Administration's determination that the qualified beneficiary is no longer disabled.

Disability for Persons Ineligible for SSA Benefits due to Insufficient "Quarters" of Employment

For persons ineligible to receive Social Security disability benefits due to insufficient "quarters" of employment, the disability extension is available only if you submit to the Office of Group Benefits, in writing, proof of total disability before the initial 18-month COBRA coverage period ends, and the Office of Group Benefits finds that you are disabled. In providing this notice, you must use the form entitled "Notice of Disability Form," (you may obtain a copy of this form from the Office of Group Benefits at no charge, or you can download the form at www.groupbenefits.org), and you must follow the notice procedures specified in the box at the end of this notice entitled "Notice Procedures." **If these procedures are not followed or if the notice is not provided in writing to the Office of Group Benefits within 18 months after the**

covered employee's termination of employment or reduction of hours, THEN THERE WILL BE NO DISABILITY EXTENSION OF COBRA COVERAGE.

If the qualified beneficiary is determined to no longer be disabled by a medical professional qualified to make such determination, then you must notify the Office of Group Benefits of that fact within 30 days after the determination. You must use the Plan's form entitled "Notice of Other Coverage, Medicare Entitlement, or Cessation of Disability Form" (you may obtain a copy of this form from the Office of Group Benefits at no charge), and you must follow the notice procedures specified in the box at the end of this notice entitled "Notice Procedures." If the determination that the qualified beneficiary is no longer disabled occurs during the disability extension period, then COBRA coverage for all qualified beneficiaries will terminate as of the first day of the month that is more than 30 days after the determination that the qualified beneficiary is no longer disabled and 30 days after notice of termination of COBRA coverage.

Second Qualifying Event

An extension of coverage will be available to spouses and dependent children who are receiving COBRA coverage if a second qualifying event occurs during the 18 months (or, in the case of a disability extension, the 29 months) following the covered employee's termination of employment or reduction of hours. The maximum amount of COBRA coverage available when a second qualifying event occurs is 36 months following the covered employee's termination of employment or reduction of hours. Such second qualifying events may include the death of a covered employee, divorce from the covered employee, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. (This extension is not available under the Plan when a covered employee becomes entitled to Medicare after his or her termination of employment or reduction of hours.)

This extension due to a second qualifying event is available only if you notify the Office of Group Benefits in writing of the second qualifying event within 60 days after the date of the second qualifying event.

In providing this notice, you must use the Plan's form entitled "Notice of Second Qualifying Event Form" (you may obtain a copy of this form from the Office of Group Benefits at no charge, or you can download the form at www.groupbenefits.org), **and you must follow the notice procedures specified in the box at the end of this notice entitled "Notice Procedures." If these procedures are not followed or if the notice is not provided in writing to the Office of Group Benefits during the 60-day notice period, THEN THERE WILL BE NO EXTENSION OF COBRA COVERAGE DUE TO A SECOND QUALIFYING EVENT.**

How much does COBRA coverage cost?

Each qualified beneficiary is required to pay the entire cost of COBRA coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of COBRA coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA coverage. The required monthly payment for each classification of coverage under which you are entitled to elect COBRA is described in this notice.

When and how must payment for COBRA coverage be made?

All COBRA premiums must be paid by check.

First payment for COBRA coverage

If you elect COBRA, you do not have to send any payment with the Election Form. However, you must make your first payment for COBRA coverage not later than 45 days after the date of your election. (This is the date your Election Form is postmarked, if mailed, or the date your Election Form is received by the individual at the address specified for delivery of the Election Form by fax.) **If you do not make your first payment for COBRA coverage in full within 45 days after the date of your election, you will lose all COBRA rights under the Plan.**

Your first payment must cover the cost of COBRA coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month before the month in which you make your first payment. (For example, Sue's employment terminates on September 30, and she loses coverage on September 30. Sue elects COBRA on November 15. Her initial premium payment equals the premiums for October and November and is due on or before December 30, the 45th day after the date of her COBRA election.) You are responsible for making sure that the amount of your first payment is correct. You may contact the **Office of Group Benefits, Eligibility Department, Post Office Box 66678, Baton Rouge, Louisiana 70804, 225.922.2321**, to confirm the correct amount of your first payment.

The first payment must be received by the Office of Group Benefits before any medical expenses will be processed.

Monthly payments for COBRA coverage

After you make your first payment for COBRA coverage, you will be required to make monthly payments for each subsequent month of COBRA coverage. The amount due for each month for each qualified beneficiary is shown in this notice. Under the Plan, each of

these monthly payments for COBRA coverage is due on the first day of the month for that month's COBRA coverage. If you make a monthly payment on or before the first day of the month to which it applies, your COBRA coverage under the Plan will continue for that month without any break.

Grace periods for monthly payments

Although monthly payments are due on the first day of each month of COBRA coverage, you will be given a grace period of 30 days after the first day of the month to make each monthly payment. Your COBRA coverage will be provided for each month as long as payment for that month is made before the end of the grace period for that payment. However, if you pay a monthly payment later than the first day of the month to which it applies, but before the end of the grace period for the month, your coverage under the Plan will be suspended as of the first day of the month and then retroactively reinstated (going back to the first day of the month) when the monthly payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you fail to make a monthly payment before the end of the grace period for that month, you will lose all rights to COBRA coverage under the Plan.

Your first payment and all monthly payments for COBRA coverage should be mailed to:

Office of Group Benefits
Cash Management
Post Office Box 44036
Baton Rouge, Louisiana 70804

However, if the Plan notifies you of a new address for payment, you must mail all payments for COBRA coverage to the department at the address specified in that notice of a new address.

If mailed, your payment is considered to have been made on the date that it is postmarked. You will not be considered to have made any payment if your check is returned due to insufficient funds or otherwise.

<u>More information about individuals who may be qualified beneficiaries</u>

Children born to or placed for adoption with the covered employee during COBRA coverage period

A child born to, adopted by, or placed for adoption with a covered employee during a period of

COBRA coverage is considered to be a qualified beneficiary provided that, if the covered employee is a qualified beneficiary, the covered employee has elected COBRA coverage for himself or herself. The child's COBRA coverage begins on the child's date of birth, date of adoption, or date of placement for adoption if the child is enrolled in the Plan through special enrollment within 30 days of either the termination date of the prior coverage or the date the new child is acquired. A child for whom the application for coverage was not completed within 30 days from the date acquired will have an effective date of coverage on the first day of the month following the date the Plan receives all required forms prior to the fifteenth of the month, or the first day of the second month following the date the Plan receives all required forms on or after the fifteenth of the month. The COBRA coverage lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements (for example, regarding age).

Alternate recipients under NMSNs

A child of the covered employee who is receiving benefits under the Plan pursuant to a National Medical Support Notice (NMSN) received by the Office of Group Benefits during the covered employee's period of employment with the participant employer is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

Health Insurance Marketplace

You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. You can learn more about the Marketplace below.

What is the Health Insurance Marketplace?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

What factors should I consider when choosing coverage options?

When considering your options for health coverage, you may want to think about:

- Premiums: Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- Provider Networks: If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- Drug Formularies: If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may

not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.

- Severance payments: If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- Service Areas: Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- Other Cost-Sharing: In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

For more information

This notice does not fully describe COBRA coverage or other rights under the Plan. More information about COBRA coverage and your rights under the Plan is available from the Office of Group Benefits.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your plan document, you should contact:

Office of Group Benefits
Eligibility Department
Post Office Box 66678
Baton Rouge, Louisiana 70804
225.922.2321
225.925.4074 (FAX)

For more information about your rights under the Public Health Services Act, including public sector COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa, or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through a Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep your plan informed of address changes

In order to protect your and your family's rights, you should keep the Office of Group Benefits informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Office of Group Benefits.

Notice Procedures

Warning: If your notice is late or if you do not follow these notice procedures, you and all related qualified beneficiaries will lose the right to COBRA coverage.

Notices Must Be Written and Submitted on Plan Forms: Any notice that you provide must be in writing and must be submitted on the Plan's required form (the Plan's required forms are described above in this notice, and you may obtain copies from the Office of Group Benefits without charge). Oral notice, including notice by telephone, is not acceptable. Electronic e-mailed notices are not acceptable.

How, When, and Where to Send Notices: You must mail or FAX your notice to:

Office of Group Benefits
Eligibility Department
Post Office Box 66678
Baton Rouge, Louisiana 70804
225.922.2321
225.925.4074 (FAX)

If mailed, your notice must be postmarked no later than the last day of the applicable notice period. If faxed, your notice must be received by the individual at the number specified above no later than the last day of the applicable notice period. (The applicable notice periods are described in the paragraphs above entitled "How long will COBRA coverage last?," and "How can you extend the length of COBRA coverage?")

Information Required for All Notices:
Any notice you provide must include: (1) the name of the Plan; (2) the name and address of the employee who is (or was) covered under the Plan; (3) the name(s) and address(es) of all qualified beneficiary(ies) who lost coverage as a result of the qualifying event; (4) the qualifying event and the date it happened; and (5) the certification, signature, name, address, and telephone number of the person providing the notice.

Additional Information Required for Notice of Disability:
Any notice of disability that you provide must include: (1) the name and address of the disabled qualified beneficiary; (2) the date that the qualified beneficiary became disabled; (3) the names and addresses of all qualified beneficiaries who are still receiving COBRA coverage; (4) the date that the Social Security Administration made its determination, if applicable; (5) a copy of the Social Security Administration's determination, if applicable; (6) a statement of whether the Social Security Administration has subsequently determined that the disabled qualified beneficiary is no longer disabled, if applicable; (7) for persons ineligible for Social Security disability benefits due to insufficient quarters, written proof of

total disability; and (8) for persons ineligible for Social Security disability benefits due to insufficient quarters, a statement of whether the qualified beneficiary has been determined to be no longer disabled by a medical professional qualified to do so.

Additional Information Required for Notice of Second Qualifying Event:

Any notice of a second qualifying event that you provide must include: (1) the names and addresses of all qualified beneficiaries who are still receiving COBRA coverage; (2) the second qualifying event and the date that it happened; and (3) if the second qualifying event is a divorce, a copy of the decree of divorce.

Who May Provide Notices:

The covered employee (i.e., the employee or former employee who is or was covered under the Plan), a qualified beneficiary who lost coverage due to the qualifying event described in the notice, or a representative acting on behalf of either may provide notices. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage due to the qualifying event described in the notice.

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