



# Town of Atlantic Beach

## DENTAL ENROLLMENT APPLICATION

**Please check one:**     Open Enrollment                       New Enrollment  
                                   Drop Dependent                                       Add Dependent

**Effective Date:** \_\_\_\_\_

**Type of Coverage:**     Employee Only                                       Employee/Children  
                                   Employee/Spouse     Family

**Employee Information:**

Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

                                 \_\_\_\_\_ Phone # \_\_\_\_\_

Please check one:  Single     Married     Separated     Divorced

**Dependent Information: (See back for “who is eligible”)**

	<u>Name</u>	<u>Date of Birth</u>	<u>Full-time Student</u> (leave blank if no)
Spouse	_____	_____	
Child	_____	_____	YES at _____
Child	_____	_____	YES at _____
Child	_____	_____	YES at _____
Child	_____	_____	YES at _____

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Coverage for Your Dependents

For dependents to be covered under this dental reimbursement plan, you must be covered and your dependent must be one of the following:

- ❑ Your spouse, under a legally valid, existing marriage between persons of the opposite sex
- ❑ You or your spouse's unmarried dependent children to their 19<sup>th</sup> birthday, including newborn children from date of birth, stepchildren, adoptive children from date of placement in anticipation of adoption and foster children.
- ❑ An unmarried dependent child who is either mentally retarded or physically handicapped and incapable of self-support may continue to be covered under the dental reimbursement plan regardless of age if the condition exists and coverage is in effect when the child reaches the age of 19. The handicap must be medically certified by the child's doctor and may be verified annually by the Town of Atlantic Beach.
- ❑ An unmarried dependent child who attends a licensed or accredited school as a full-time student from age 19 to their 26<sup>th</sup> birthday.

It is the employee's or their dependent's responsibility to notify the Personnel Officer within 60 days of the following events:

- ❑ Divorce
- ❑ Legal separation
- ❑ Ineligibility of dependent child

If your dependent becomes ineligible for coverage, he or she may qualify for COBRA coverage at your expense. For more details on coverage continuation, contact the Personnel Officer.

## **COBRA Qualifying Events:**

**Qualifying Events** - Qualifying events are certain events that would cause an individual to lose health coverage. The type of qualifying event will determine who the qualified beneficiaries are and the amount of time that a plan must offer the health coverage to them under COBRA. A plan, at its discretion, may provide longer periods of continuation coverage.

**Qualified Beneficiaries** - A qualified beneficiary generally is an individual covered by a group health plan on the day before a qualifying event who is an employee, the employee's spouse, or an employee's dependent child. In certain cases, a retired employee, the retired employee's spouse, and the retired employee's dependent children may be qualified beneficiaries. In addition, any child born to or placed for adoption with a covered employee during the period of COBRA coverage is considered a qualified beneficiary. Agents, independent contractors, and directors who participate in the group health plan may also be qualified beneficiaries.

## **Qualifying Events for Employees:**

- Voluntary or involuntary termination of employment for reasons other than gross misconduct
- Reduction in the number of hours of employment

## **Qualifying Events for Spouses:**

- Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct
- Reduction in the hours worked by the covered employee
- Covered employee's becoming entitled to Medicare
- Divorce or legal separation of the covered employee
- Death of the covered employee

## **Qualifying Events for Dependent Children:**

- Loss of dependent child status under the plan rules
- Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct
- Reduction in the hours worked by the covered employee
- Covered employee's becoming entitled to Medicare
- Divorce or legal separation of the covered employee
- Death of the covered employee

## **FREQUENTLY ASKED COBRA QUESTIONS**

### **What process must individuals follow to elect COBRA continuation coverage?**

Employers must notify plan administrators of a qualifying event within 30 days after an employee's death, termination, reduced hours of employment or entitlement to Medicare.

A qualified beneficiary must notify the plan administrator of a qualifying event within 60 days after divorce or legal separation or a child's ceasing to be covered as a dependent under plan rules.

Plan participants and beneficiaries generally must be sent an election notice not later than 14 days after the plan administrator receives notice that a qualifying event has occurred. The individual then has 60 days to decide whether to elect COBRA continuation coverage. The person has 45 days after electing coverage to pay the initial premium.

### **If I waive COBRA coverage during the election period, can I still get coverage at a later date?**

If a qualified beneficiary waives COBRA coverage during the election period, he or she may revoke the waiver of coverage before the end of the election period. A beneficiary may then elect COBRA coverage. Then, the plan need only provide continuation coverage beginning on the date the waiver is revoked.

### **How long does COBRA coverage last?**

COBRA establishes required periods of coverage for continuation health benefits. A plan, however, may provide longer periods of coverage beyond those required by COBRA. COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Coverage begins on the date that coverage would otherwise have been lost by reason of a qualifying event and will end at the end of the maximum period. It may end earlier if:

- Premiums are not paid on a timely basis
- The employer ceases to maintain any group health plan
- After the COBRA election, coverage is obtained with another employer group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition of such beneficiary. However, if other group health coverage is obtained prior to the COBRA election, COBRA coverage may not be discontinued, even if the other coverage continues after the COBRA election.
- After the COBRA election, a beneficiary becomes entitled to Medicare benefits. However, if Medicare is obtained prior to COBRA election, COBRA coverage may not be discontinued, even if the other coverage continues after the COBRA election.

Although COBRA specifies certain periods of time that continued health coverage must be offered to qualified beneficiaries, COBRA does not prohibit plans from offering continuation health coverage that goes beyond the COBRA periods.

Some plans allow participants and beneficiaries to convert group health coverage to an individual policy. If this option is generally available from the plan, a qualified beneficiary who pays for COBRA coverage must be given the option of converting to an individual policy at the end of the COBRA continuation coverage period. The option must be given to enroll in a conversion health plan within 180 days before COBRA coverage ends. The premium for a conversion policy may be more expensive than the premium of a group plan, and the conversion policy may provide a lower level of coverage. The conversion option, however, is not available if the beneficiary ends COBRA coverage before reaching the end of the maximum period of COBRA coverage.

### **Who pays for COBRA coverage?**

Beneficiaries may be required to pay for COBRA coverage. The premium cannot exceed 102 percent of the cost to the plan for similarly situated individuals who have not incurred a qualifying event, including both the portion paid by employees and any portion paid by the employer before the qualifying event, plus 2 percent for administrative costs.

For qualified beneficiaries receiving the 11 month disability extension of coverage, the premium for those additional months may be increased to 150 percent of the plan's total cost of coverage.

COBRA premiums may be increased if the costs to the plan increase but generally must be fixed in advance of each 12-month premium cycle. The plan must allow you to pay premiums on a monthly basis if you ask to do so, and the plan may allow you to make payments at other intervals (weekly or quarterly).

The initial premium payment must be made within 45 days after the date of the COBRA election by the qualified beneficiary. Payment generally must cover the period of coverage from the date of COBRA election retroactive to the date of the loss of coverage due to the qualifying event. Premiums for successive periods of coverage are due on the date stated in the plan with a minimum 30-day grace period for payments. Payment is considered to be made on the date it is sent to the plan.

If premiums are not paid by the first day of the period of coverage, the plan has the option to cancel coverage until payment is received and then reinstate coverage retroactively to the beginning of the period of coverage.

If the amount of the payment made to the plan is made in error but is not significantly less than the amount due, the plan is required to notify you of the deficiency and grant a reasonable period (for this purpose, 30 days is considered reasonable) to pay the difference. The plan is not obligated to send monthly premium notices.

COBRA beneficiaries remain subject to the rules of the plan and therefore must satisfy all costs related to co-payments and deductibles, and are subject to catastrophic and other benefit limits.

### **If I elect COBRA, how much do I pay?**

When you were an active employee, your employer may have paid all or part of your group health premiums. Under COBRA, as a former employee no longer receiving benefits, you will usually pay the entire premium amount, that is, the portion of the premium that you paid as an active employee and the amount of the contribution made by your employer. In addition, there may be a 2 percent administrative fee.

While COBRA rates may seem high, you will be paying group premium rates, which are usually lower than individual rates.

Since it is likely that there will be a lapse of a month or more between the date of layoff and the time you make the COBRA election decision, you may have to pay health premiums retroactively-from the time of separation from the company. The first premium, for instance, will cover the entire time since your last day of employment with your former employer.

You should also be aware that it is your responsibility to pay for COBRA coverage even if you do not receive a monthly statement.

Although they are not required to do so, some employers may subsidize COBRA coverage.