

2023

Name & Family
123 Main St.
Anytown, CO 80111

Dear Name & Family:

On {date}, you experienced an event of a/an Termination which constitutes a qualifying event under the Littleton Public Schools group health plan(s). As a result, your coverage, and that of your covered dependent(s), if any, will end on the date(s) set forth on the COBRA Continuation Election Form accompanying this letter. Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) this entitles you and your covered dependent(s) if any, to elect to continue coverage (referred to as COBRA coverage) under the plan(s) enrolled as active member(s). COBRA coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't on COBRA. Each "qualified beneficiary" who elects COBRA will have the same rights under the Plan as other participants or beneficiaries covered under the component or components of the Plan elected by the qualified beneficiary, including open enrollment and special enrollment rights. (Certain newborns, newly adopted children, and alternate recipients under QMCSOs may also be qualified beneficiaries. This is discussed in more detail in separate paragraphs below.) The first day of COBRA coverage and the maximum continuation period is determined by plan. Please refer to your COBRA Election Form enclosed to determine your first day of COBRA coverage and maximum continuation period ("Last Day of COBRA").

How to Elect COBRA Coverage

Under COBRA, you have a limited number of days to elect continuation coverage. Your election window is determined by the plan and is calculated from the date your coverage under the plan is lost because of the event described above or the date this notice of your election rights is sent to you, whichever is later. To elect COBRA coverage, you must complete and submit the enclosed election form to Alerus Retirement and Benefits known as the Plan administrator, no later than the Election Period End date ("Last Day to Elect") listed on the enclosed COBRA Election Form. Failure to do so will result in loss of the right to elect COBRA coverage under the Plan. This same notice is being sent separately to your spouse, if any; however, only one of you needs to elect continuation coverage for your spouse and dependent child(ren), if any, who wish to continue coverage. Furthermore, because COBRA gives you the right to elect coverage independently, you, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage.

Other Health Coverage Options

In addition to COBRA coverage, other health coverage options may be available to you, such as coverage through the Health Insurance Marketplace at www.healthcare.gov or 1-800-318-2596. You may also be eligible to enroll in coverage through Medicaid or another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage. Some of these options may cost less than COBRA continuation coverage.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period to sign up, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.



If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

Payment of COBRA Coverage Premiums

The current amount of this premium and the due date for payment are explained in the enclosed COBRA Election Form. The premium may change in the future. We have used the information supplied by Littleton Public Schools to calculate your maximum continuation period under the plan(s) you were insured prior to your qualifying event. If there is a discrepancy between our calculation and the underwriting insurance carrier, the insurance carrier always governs. Please contact your insurance carrier(s) to determine the exact end of your maximum continuation period.

Length of COBRA Coverage Period

If you and your spouse or dependent child(ren), if any, elect coverage, it can last for a maximum continuation period ("Last Day of COBRA") described in the enclosed COBRA Election Form beginning on the date of your qualifying event, or loss of coverage, whichever is later. The first day of COBRA coverage will be determined by the plan. If you elect COBRA, you may be able to extend the length of COBRA coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify the Plan Administrator of a disability or a second qualifying event within a certain time period to extend the period of COBRA coverage. If you don't provide notice of a disability or second qualifying event within the required time period, you will lose your right to extend the period of COBRA coverage. The period of COBRA coverage under the Health FSA cannot be extended under any circumstances. The continuation period may be extended for the following reasons:

1. Death of employee, divorce, legal separation or change in dependent status

If these events occur during the original maximum continuation period of COBRA coverage, the period of coverage for your spouse and dependent child(ren), if any, may be extended. These events extend the original maximum continuation period of COBRA coverage only if they would have caused your spouse or dependent child(ren), if any, to lose coverage under the plan if the original qualifying event had not occurred. Note that to receive this extension, you and/or your spouse and dependent child(ren), must notify the Littleton Public Schools Plan Administrator within 60 days of the occurrence of these events.

2. Medicare entitlement of employee

If you became entitled to Medicare BEFORE your qualifying event, COBRA laws allow you to remain eligible for up to 18 months of COBRA coverage. However, your spouse and dependent child(ren), if any, may receive extended COBRA coverage for up to the greater of either: (a) 36 months from the date of your Medicare entitlement; or (b) 18 months from the date of your qualifying event, or loss of coverage, whichever is later.

If you become entitled to Medicare AFTER your qualifying event but within the original maximum continuation period of your qualifying event, your spouse and dependent child(ren), if any, may receive an additional 18 months of COBRA coverage. Note that a person generally has become entitled to Medicare when he or she has applied for Social Security income payments or has filed an application for benefits under Part A or Part B of Medicare.

3. Disability determination

If any of the qualified beneficiaries is 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 after the covered employee's termination of employment or reduction of hours 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.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of:



- (1) the date of the Social Security Administration's disability determination;
- (2) the date of the covered employee's termination of employment or reduction of hours; and
- (3) 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. If the notice is not provided to the Plan Administrator 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 Plan Administrator of that fact within 30 days after the Social Security Administration's determination

4. Bankruptcy filing

If the employer files for bankruptcy reorganization and retiree health coverage is lost within one year before or after the bankruptcy filing, COBRA coverage could continue until the death of a retiree (or a surviving spouse of a deceased retiree) or for 36 months from the retiree's death (after the bankruptcy filing) in the case of the spouse and dependent child(ren).

Newborns and Adoptees

A child who is born to or placed for adoption with you during a period of COBRA coverage will be eligible to become covered under the plan. In accordance with the terms of the Littleton Public Schools group health benefits plan and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Littleton Public Schools Plan Administrator of the birth or adoption.

Early Termination of COBRA Coverage

COBRA coverage may terminate early if:

- (1) The required premium payment is not paid when due.
- (2) After the date of your COBRA election, you and your spouse or dependent child(ren), if any, become covered under another group health plan.
- (3) After the date of your COBRA election, you, your spouse or dependent child(ren), if any, become entitled to Medicare benefits.
- (4) All of Littleton Public Schools group health plans are terminated.
- (5) If coverage is extended an additional 11 months due to disability, a determination that the individual is no longer disabled.
- (6) 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).

Continuation coverage under COBRA is provided subject to your eligibility. The Littleton Public Schools Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage. To be sure that you, your spouse and your dependent child(ren), if any, receive the necessary information concerning your rights, you should keep Alerus Retirement and Benefits informed of any address changes.

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." If you terminate 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 may be without health coverage in the interim. When you've exhausted COBRA continuation and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period even if the Marketplace open enrollment has ended. If you sign up for Marketplace coverage instead of COBRA, you cannot switch to COBRA continuation coverage.

Please be advised of your right to obtain a copy of the Summary Plan Description (SPD) for your group health plan by contacting the Littleton Public Schools Human Resource Department at (303) 347-3450. The SPD contains a complete description of your benefits.

This notice is a summary of your COBRA rights. For answers to specific questions, please contact our Customer Service Department at (800) 761-1934 during business hours.

Sincerely,

Alerus Retirement and Benefits



COBRA CONTINUATION COVERAGE ELECTION FORM

Littleton Public Schools



**IMPORTANT: PLEASE RETAIN A COPY OF THIS COBRA ELECTION FORM FOR FUTURE REFERENCE.
THIS FORM CONTAINS INFORMATION ABOUT YOUR RIGHTS UNDER COBRA.**

To continue coverage, you must complete and submit this election form to Alerus Retirement and Benefits no later than the Election Period End date ("Last Day To Elect") listed below. If this election form is not returned within the enrollment period described below for each plan, you will lose your right to elect coverage. After you have elected to continue coverage under COBRA, you must pay the Initial Premium, which includes the premiums for the period of coverage from your First Day of COBRA to the date of your election and any regularly scheduled monthly premiums that become due between your election date and the end of the Initial Premium Payment period. Your Initial Premium Period will end at the end of your Initial Grace Period which is listed below and which is measured as a number of days after the date of your election. To become "fully enrolled" under COBRA, you must "pay your account to current" no later than the end of your Initial Grace Period. You may certainly though "pay to current" and become fully enrolled under COBRA before the end of your Initial Grace Period. Paying to current is defined as paid to the month in which it currently is.

If you waive coverage under COBRA before the end of the enrollment period, you can change your mind and continue coverage by submitting your completed election form before the end of the enrollment period described below for each plan.

If you have questions about COBRA or need assistance to complete your election form, please contact our Customer Service Department at (800) 761-1934 during business hours.

Qualified Beneficiary(QB):

Name
123 Main St.
Anytown, CO 80111

Event Date:
Event Type:

Second Event:

COBRA gives you the right to elect coverage independently. You, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage.

Premium Information:

Plan Name	Coverage Level	Monthly Premium
Total Premium:		

Continuation Information:

Plan Name	First Day of COBRA	Last Day of COBRA	# Months of COBRA	Last Day To Elect	Initial Grace Period Days	Subsequent Grace Period Days
			18		45	30
			18		45	30
			18		45	30
			18		45	30

Election Options (Individuals Enrolled Prior to Qualifying Event):

Please indicate the COBRA continuation coverage you are electing by checking the applicable box(es).



Name	Relationship	Date of Birth
Accept <input type="checkbox"/> Waive <input type="checkbox"/>		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>		

Alternative Election Options:

Plan Name	Coverage Level	First Day of COBRA	Monthly Premium

Completed election forms and premium payments should be remitted directly to the address below. Payment must be in the form of a check or money order. DO NOT send cash.

Alerus Retirement and Benefits
 PO Box 3850
 Omaha, NE 68103-3850

For all other correspondence please use the following address:

Alerus Retirement and Benefits
 P.O. Box 64535
 St. Paul, MN 55164-0535

[] I have read this form and the notice of my election rights. I understand my rights to elect continuation coverage and would like to take the action indicated above. I understand that if I elect continuation coverage, my continuation coverage will terminate under several circumstances according to COBRA regulations, including: non-payment of premium, the date I or a continued dependent become covered under another Group Health Plan or become entitled to Medicare after the COBRA election, or on the date which this Group Plan ends. I also understand that if I was determined to be disabled by the Social Security Administration within 60 days of my Qualifying Event, I may be eligible for extended continuation coverage.

I understand that future premiums are due the first of each month. I also understand that failure to pay the required premiums will result in termination of COBRA rights and coverage.

Signature _____ **Date** _____

*NOTE: If signature line is on a second page, be sure to include all pages of the election form. We will not be able to process your election without the entire form.

New Member Login Notice



An integral part of our broad service offering is our Member Self-Service Portal (Member Portal). We have designed the Member Portal to be an information-rich and secure website empowering you with the tools and information to efficiently and accurately manage your continuation under the Littleton Public Schools group health plans. We encourage you to leverage the powerful tools contained in the Member Portal anytime, from any location. Examples of information and tools you'll find on the Member Portal include payment information, coverage information, and copies of communications that have been mailed to your home address.

You can now elect online through your Member Self-Service Portal (Member Portal). Online election is available for you to elect any combination of plans for yourself and your dependents (if any) that you had before your Qualifying Event. Online election is available until 11:59 PM Central Time on the Last Day to Elect listed on your COBRA Continuation Election Form. Electing online is a safe, fast and secure way to ensure your elections are processed. Please visit <https://cobra.alerus.com> to register and complete your online election.

Registering Your Online Account:

Below is your unique registration identification number needed to become an authorized user of our website.

[]

Please visit <https://cobra.alerus.com> and click on the NEW USER link and follow the registration process as described. Please ensure that you are typing in the full URL as it is outlined on this document.

Please Note:

1. You will be asked to supply a second piece of identification which will be your social security (SSN) number. In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.
2. The Member Portal is most compatible with the web browser Google Chrome. If you attempt to access the Member Portal in any other web browser or via a mobile device, you may experience technical difficulties.
3. Alerus recommends that you use your email address as your user name.
4. You will be asked to validate your account. The validation email will be coming from no-reply@myhealthpayment.com. Please make sure you check your junk folder if you do not receive this link directly to your inbox. Multiple requests for the validation link may result in a lock on your account.

SCHEDULED ACH PREMIUM PAYMENT OPTION

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time. To sign up, login to your Member portal and proceed to the Recurring payments section. Also, you may contact our offices and we will help you with any questions or concerns.

Important Information Regarding Making Payments Online:

1. Should you choose to make payment(s) online via a credit or debit card, a \$20.00 convenience fee will apply to EACH transaction.
2. Requesting a one-time payment, under any payment type (credit card, debit card, or deduction from a checking or savings account) will result in a \$20.00 convenience fee.
3. If you set up a reoccurring ACH from a checking or savings account you will not incur a convenience fee.
4. All premium payments are deducted on the 1st of each month. If you set up an automatic ACH from either a checking or savings account, that information must be saved to the online system at least two business days prior to the pull in order to guarantee it will be deducted from your account.
5. If you wish to terminate the automatic ACH, Alerus must be notified at least two business days prior to the payment date. You can also disable the ACH through the online portal.

If you should ever have any questions or comments, please do not hesitate to contact our offices at (800) 761-1934 during business hours. Our entire staff is looking forward to getting to work for you.



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FREQUENTLY ASKED QUESTIONS



WHAT IF I DON'T WANT TO ENROLL UNDER COBRA?

COBRA is opt-in only — if you don't want it, you don't need to do anything.

WHAT IF I DO WANT TO ENROLL UNDER COBRA?

You must make your elections *as well as* the full first month's premium payment before we can turn your coverage back on. You have certain timelines to take care of each piece (see body of COBRA notice, typically page 6 or 7), however, **we still cannot reinstate coverage with the insurance carriers until we have received your elections as well as your first month's premium payment.** Coverage will be reinstated back to your first day of COBRA so there is no lapse in coverage.

WAYS TO MAKE ELECTIONS:

- Complete your election form (usually pg 7 or 8 of COBRA packet) and return to Alerus
By mail at: Alerus Retirement and Benefits
PO Box 3850
Omaha, NE 68103-3850
By e-mail at: cobra@alerus.com
By fax at: 866-808-7821
- Complete your elections online at <https://cobra.alerus.com>. Your account registration information is found in your COBRA packet, usually pg. 9 or 10.
 - **PLEASE NOTE:** The website compatible with the web browser Google Chrome. You may experience technical difficulties when attempting to use any other web browser or a mobile device.

WAYS TO MAKE PAYMENTS:

- Send a check or money order to the above PO Box in Omaha.
- Set up a bill pay with your bank using the above address in Omaha. You must include your member ID and/or first and last name in the memo line to ensure accurate posting of the funds. Your member ID can be found by checking the number string in the bottom left-hand corner of your letter — your member ID is the last six digits.
- Set up a recurring ACH pull from a checking or savings account (can be setup online or over the phone). This pulls on the first business day of each month and only pulls for the current month.
- **Pay online using a credit or debit card (PLEASE NOTE: this method carries a \$20.00 convenience fee per transaction, and each month counts as a separate transaction. This is the only method that carries any fees.)**
- We cannot take payments over the phone

WHAT CAN I EXPECT FOR REINSTATEMENT?

Once Alerus receives your elections & initial payment, Alerus will notify the carriers of the reinstatement(s). It can take the insurance carrier as much as 7-10 business days to process our request and update coverage in their systems, depending on the carrier and their current volume of requests. Coverage does go back to your first day of COBRA such that there is no lapse in coverage. Anything that you have paid toward your deductible for the current plan year will carry forward, and in the vast majority of cases you will continue to use your same member ID cards. If you do need new ID cards, these will be issued by the carrier when they process the reinstatement. Your doctor/dentist/etc. can also typically verify coverage using your social security number instead of member ID if needed.

WHAT IF I NEED TO SEE MY DOCTOR/PHARMACY/DENTIST/ETC. IN THE MEANTIME?

If you need(ed) to seek services between your first day of COBRA and the time the carrier finishes processing our reinstatement request, the coverage likely will not be showing active at the time you go to the doctor/pharmacy/dentist/etc. When the reinstatement is processed with the carrier(s), the carrier typically checks for claims that have been submitted against the account and will re-process the claims. To be safe, you should let your provider know to re-submit the claims once the coverage is showing as active again in the carrier's system.

If you have an upcoming appointment, let your provider know what is happening with your coverage and that you are in the process of being reinstated under COBRA. Each doctor's office handles this a little differently — check with your provider to see how their office handles this. If you need to get prescriptions, most pharmacies have a policy where if you bring back the pharmacy receipt within 14 days, they can re-run it through insurance and put the money back on your card. If you are outside of the policy for your given pharmacy, you can work directly with the carrier to get reimbursed for the portions that normally would have been covered under insurance. Likewise, if your doctor/dentist/etc. required you to pay anything out of pocket, you can work directly with the carrier for reimbursement once coverage is reinstated. Be sure to keep any receipts.

DO YOU STILL HAVE SOME ADDITIONAL QUESTIONS?

If there are any additional questions, please reach out to our COBRA Customer Service Department at (800) 761-1934 during our standard business hours. Hours of operation are Monday through Friday, 7:30am – 4:30pm, you can also reach us by email at cobra@alerus.com. The COBRA Department is closed in recognition of Federal Holidays

¿No hablas Inglés? Comuníquese al (800) 761-1934 y solicite que el agente de servicio al cliente se comunice con nuestra línea interna de intérpretes.



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Notice of Conversion Rights

Important Notice regarding your coverage: If you are an active employee, terminated employee, retiree or dependent who may be faced with losing all coverage or even a portion of your coverage under your employer's Group life plan(s), you and/or your dependents may be eligible to continue the lost amount of coverage without submitting evidence of good health. **You are receiving this notice as a result of experiencing one of the following events: your employment status has changed, marital status has changed, you or a dependent has experienced an age reduction or maximum age limit, you have retired or you have reached the end of an employer sponsored continuation provision. You have options to retain this important coverage that are explained below. The specific options available to you are based on the provisions as defined in the Group plan.** Included with this notice is a form you can submit to obtain additional information. You will receive details on the specific coverage options available to you, receive a quote, and the necessary forms to obtain coverage.

Life Conversion

The Life Conversion option provides the opportunity for you to obtain an individual life insurance policy that accumulates cash value and is offered at individual insurance rates. There are no mandatory age reductions and coverage can continue with premium payment until the Scheduled Maturity Date (standardly age 121) at which time the cash surrender value is paid to the insured.

If coverage is ending because The Hartford Group Life policy is terminating or coverage for a class of employees is terminating, some restrictions may apply. If coverage is ending for any other reason, you can generally convert up to the full amount of your terminating coverage. Conversion is also available to your dependents if they had coverage under your group plan. You may have the option for a one year term policy prior to the permanent life policy becoming effective. Please refer to The Hartford Group Life policy for information. **Premiums for a Life Conversion policy are substantially higher than your Employer Group plan rates.**

Attached is a form that contains additional information about continuing coverage. You can use this to request a quote and the necessary form(s) to enroll.

Please note that there is a designated timeframe during which you can exercise your coverage continuation options. This request must be received by The Hartford within 91 days from the employee's group coverage termination date. Requests received more than 91 days after the employee's group coverage terminates will be denied. Any issues regarding late notification by your employer must be addressed with your employer.

If you have questions about this information, your eligibility, or the status of any request you have submitted, please call a representative at **1-877-320-0484**.

The Hartford, Portability and Conversion Unit
P.O. Box 43786
Cleveland, OH 44143-0786

Fax 1-440-646-9339

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.



Frequently Asked Questions

Q: If I request a quote, how does The Hartford determine the amount of coverage to quote?

A: The Hartford will contact your employer to obtain the amount of coverage you had in effect under the group plan. The quote is based on this amount as well as applicable plan provisions.

Q: If I receive a quote for coverage, does this mean I qualify for the coverage amount quoted?

A: The amount quoted is not a guarantee that a policy will be issued in that amount. Upon receipt of your application for coverage, The Hartford will perform an eligibility review to determine if the amount of coverage you have requested can be granted based on the coverage you had in effect under the group plan as well as plan provisions.

Q: What is my policy effective date?

A: The effective date of a Life Conversion policy is the 32nd day following the group coverage termination date.

Q: If my application for coverage is not approved by the effective date, am I still covered?

A: Yes, if your application is approved, the effective date of your policy will be retroactive to the date indicated above.

Q: I understand that there is no medical underwriting or physical exam required but can I still be denied for coverage?

A: Your request for coverage can be denied if you do not meet the timeliness requirement. You must mail or fax this form to request information within 91 days from the employee's group coverage termination date. **This request must be received by The Hartford within 91 days from the coverage termination date. Requests received more than 91 days after the employee's group coverage terminates will be denied.** Coverage can also be denied if it exceeds the amount you had in effect under your employer's Group plan or if it does not align with your employer's plan provisions. In addition, any request for coverage that is not available under your employer's Group plan will also be denied.

Q: If I start to work for a new employer and obtain coverage under that employer's Group plan, will that Group coverage impact any conversion policy that I may have purchased?

A: If you obtain coverage under a new employer's Group plan, your conversion policy will remain in effect provided you continue to pay the required premiums. However, benefits payable under conversion policies may be affected by the amount of your other coverage.



Notice of Conversion Rights

Employer: Arapahoe County School District #6 Db Littleton Public Schools Policy

The following information is to be completed by Employer or Employer Representative

Employee Name: _____ Employee ID#: _____ Date: _____

Last Day Worked (or date employee is no longer in an eligible class): _____

Date of Group Coverage Termination: _____ Termination Reason: _____

Signature _____ Print Name _____

Email Address _____ Telephone _____

As noted in the descriptive information, Life Conversion is available without submission of evidence of good health. The rates for Life Conversion will be substantially higher than your employer Group plan rates.

Employee: To request a specific quote and application, please complete the information below and mail or fax this entire page to: The Hartford, Portability and Conversion Unit, P.O. Box 43786, Cleveland, OH 44143-0786 Fax 440-646-9339, Phone 877-320-0484

Yes, I am interested in receiving the information checked below.

12 month Term/Whole Life Conversion Quote/Application (12 month only available for groups sitused in NY & WV)

Please print the following information:

Name: _____ Date of Birth: _____

Social Security # (indicate last 4 digits only): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

I am interested in receiving information for the following persons:

Myself My Spouse My Child(ren)

Please print the name(s), relationship, and date(s) of birth for each dependent who may be eligible for coverage. Include an additional sheet if necessary.

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Please note that there is a designated timeframe during which you can exercise your coverage continuation options. This request must be received by The Hartford within 91 days of the date that group coverage terminates under the employee's former group plan. Requests received more than 91 days after group coverage terminates will be denied. Any issues regarding late notification by your employer must be addressed with the employer.

Signature (required)

Date

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.