ICUBA: Nova Southeastern University
PO Box 7127
Atlanta, Georgia 30357-7127
1-877-747-4141
cobra@csllc.com

SAMPLE DATE

PARTICIPANT AND DEPENDENT NAME
PARTICIPANT ADDRESS

Dear Participant and dependent(s):

This notice provides important information concerning your rights under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and what you have to do to continue your health care coverage under the Plan for you and your covered dependents, if any, as defined on the enclosed Family Member Enrollment Form. This notice also discusses other health coverage alternatives that may be available to you through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. Please read the information contained in this notice very carefully.

If you have any questions concerning the information in this notice or your rights to coverage, you should contact:

Continuon Services
PO Box 7127
Atlanta, Georgia 30357-7127
1-877-747-4141
cobra@csllc.com

This notice contains important information about rights that you may have related to continuation coverage in the ICUBA: Nova Southeastern University Group Health Plan (the Plan). Please read the information contained in this notice very carefully.

Why am I getting this notice?

You are getting this notice due to:

Termination that occurred on SAMPLE DATE.

If you do not elect to continue your health care coverage by completing the enclosed Enrollment Form, your coverage under the Plan will end on SAMPLE DATE

Each of the following qualified beneficiaries is/are being offered continuation under the Plan:

PARTICIPANT NAME
DEPENDENT NAME
DEPENDENT NAME
DEPENDENT NAME

Because of the above qualifying event that will end your coverage under the Plan, you are entitled to continue your health care coverage for up to 18 months. If you elect to continue your coverage under the Plan, your continuation coverage will begin on START DATE and can last until END DATE.
Pursuant to Georgia State Continuation, if you are at least sixty (60) years old at the time your federal COBRA continuation coverage would otherwise terminate, you may be able to extend continuation coverage through to the time that you become eligible for Medicare. However, you are ineligible for this coverage extension if: (i)your group coverage terminates entirely, (ii) you voluntarily terminated employment (except for health reasons), (iii) you did not pay premiums, or (iv) you obtain similar coverage elsewhere. Spouses that are at least 60 years old whose coverage would terminate due to employee's death, divorce or legal separation can elect, along with their dependents, to extend coverage. If you are eligible for and enroll in COBRA continuation coverage, you will receive additional correspondence describing the

details of the benefits provided under State Continuation coverage shortly before the end of your COBRA continuation coverage period.

Federal law requires that most group health plans (including this Plan) give employees and their families 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 covered under the group health plan, a covered employee's spouse, and dependent children of the covered employee.

IMPORTANT-To elect continuation coverage, you MUST complete the enclosed "Enrollment Form" and return it to the address shown on the Enrollment Form. The completed Enrollment Form must be postmarked on or before SAMPLE DATE. If you do not submit a completed Enrollment Form by this date, you will lose your right to elect continuation coverage.

The total premium(s) due is/are shown on the Enrollment Form and on the Premium Computation Form. You should pay the total premium due at the time you send in the Enrollment Form, in order to complete your enrollment and continue your coverage. However, you may be allowed to delay the premium payment for up to forty-five (45) days after you have signed, dated and submitted your Enrollment Form. Any claims submitted for expenses incurred following the date of the Qualifying Event may be held in suspense until all premiums which are due have been paid.

Future premiums are due on the first of each month thereafter, and should be mailed on or before the due date. Failure to pay monthly premiums on or before each due date may terminate your participation in the Health Benefits Continuation Plan.
Continuation of your Healthcare Reimbursement Arrangement (HRA) is one of the benefits available to you. The balance in that account as of the date of your Qualifying Event may be available to you for payment of qualified health care expenses and/or private or group health insurance premiums. Also shown on the Enrollment Form is the amount of monthly contribution, if any, you are allowed to add to your HRA as part of your continuation of coverage.

If you would like to view your COBRA benefits online, go to the following URL and activate your account with the following username and password:

Website Location: WWW.SAMPLESITE>COM

Username: USERNAME

Password: PASSWORD

IMPORTANT INFORMATION ABOUT YOUR COBRA CONTINUATION COVERAGE RIGHTS

What is continuation coverage?

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

Who are the qualified beneficiaries?

The person(s) listed on page one of this notice has been identified by the Plan as qualified beneficiaries entitled to elect continuation coverage. Specific information describing continuation coverage can be found in the Plan's summary plan description (SPD), which can be obtained from:

ICUBA: Nova Southeastern University
P. O. Box 7127

Atlanta, Georgia 30357-7127
USA

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 the 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 is important that you choose carefully between COBRA continuation coverage and other coverage options, because once you have made your choice, it can be difficult or impossible to switch to another coverage option.

If you elect continuation coverage, how long will coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued for up to eighteen (18) months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to thirty-six (36) 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 eighteen (18) months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until thirty-six (36) months after the date of Medicare entitlement. The first page one of this notice provides the maximum period of continuation coverage available to the listed qualified beneficiaries.

Continuation coverage may end before the full eighteen (18) months or thirty-six (36) months, as applicable, in certain circumstances like failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

How can you extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of eighteen (18) months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify ICUBA: Nova Southeastern University
of a disability or a second qualifying event in order to extend the period of continuation coverage.

Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage. For more information about extending the length of COBRA continuation coverage visit http://www.dol.gov/ebsa/publications/cobraemployee.html.

How much does COBRA continuation coverage cost?

Please review the Enrollment Form included within this Notice to see what COBRA continuation coverage will cost. The Form lists the amount for each qualified beneficiary will be required to pay for each option per month of coverage and any other permitted coverage periods.

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Additional information about payment will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice.

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 reductions (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 doesn't fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including 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 the 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

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of your family members. You should also keep a copy of any notices you send to the Plan Administrator.

Important Information about Payment

First payment for continuation coverage

You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked). If you don't make your first payment in full no later than 45 days after the date of your election, you will lose all continuation coverage rights under the plan. You are responsible for making sure that the amount of your first payment is correct. You may contact the Plan Administrator (noted below) to confirm the correct amount of your first payment.

Continuon Services
PO Box 7127
Atlanta, Georgia 30357-7127

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, these periodic payments for continuation coverage are due on the first day of each month. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break.

ICUBA: Nova Southeastern University Plan sends periodic notices of payments due for these coverage periods.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of thirty (30) days to make each periodic payment. You will get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grade period. However, if you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage under the Plan will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic 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 don't make a periodic payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage under the Plan. You are responsible for remitting payment in a timely manner, whether or not a billing statement is received.

Your first payment and all periodic payments for continuation coverage should be sent to:

Continuon Services
PO Box 7127
Atlanta, Georgia 30357-7127
1-877-747-4141
cobra@csllc.com

HEALTH BENEFITS CONTINUATION PLAN ENROLLMENT FORM
ICUBA: Nova Southeastern University

SAMPLE DATE

PARTICIPANT NAME
PARTICIPANT ADDRESS

QUALIFYING EVENT: SAMPLE REASON
FIRST DAY AFTER LOSS OF COVERAGE / FIRST DAY CONTINUATION COVERAGE WILL BEGIN: SAMPLE DATE

LIST ELIGIBLE PERSONS TO BE COVERED BELOW: (PERSONS PREVIOUSLY COVERED ONLY):

NAME: LAST, FIRST, MI	**BIRTH DATE**	**SEX**	**SOC. SECURITY #**
_____	___/___/_____	**M / F**	____-____-____
_____	___/___/_____	**M / F**	____-____-____
_____	___/___/_____	**M / F**	____-____-____
_____	___/___/_____	**M / F**	____-____-____
_____	___/___/_____	**M / F**	____-____-____

Phone Number:_____

Please indicate the plan(s) in which you would like to enroll.

Plan Description	Coverage Level	Premium
[ ] SAMPLE PLAN 1	SAMPLE TYPE 1	$XX.XX
[ ] SAMPLE PLAN 2	SAMPLE TYPE 2	$XXXX.XX
[ ] SAMPLE PLAN 3	SAMPLE TYPE 3	$XX.XX
[ ] SAMPLE HRA	SAMPLE TYPE HRA	$XXX.XX

Total:
$XXXX.XX

I HEREBY REQUEST ENROLLMENT IN THE HEALTH BENEFITS CONTINUATION PLAN FOR MYSELF AND ELIGIBLE QUALIFIED DEPENDENTS INDICATED ON THIS FORM AND AGREE TO PAY THE PREMIUM AS REQUIRED. I UNDERSTAND THAT CONTINUATION COVERAGE WILL TERMINATE UNDER SEVERAL CIRCUMSTANCES, INCLUDING: THE DATE I OR A CONTINUED DEPENDENT BECOME COVERED UNDER ANOTHER GROUP HEALTH/DENTAL PLAN, BECOME ENTITLED TO MEDICARE, OR ON THE DATE ON WHICH THE GROUP HEALTH/DENTAL PLAN ENDS. I ALSO UNDERSTAND THAT IF I WAS DISABLED WITHIN 60 DAYS OF THE COBRA QUALIFYING EVENT, I MAY BE ELIGIBLE FOR EXTENDED CONTINUATION COVERAGE, AND THAT ANY BREAK IN CONTINUED COVERAGE OF MORE THAN SIXTY-THREE DAYS MAY CAUSE LOSS OF COVERAGE "PORTABILITY".

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT.

_____ DATE: _____
Signature of PARTICIPANT and dependent(s)

NOTE: In order to be enrolled in the Health Benefits Continuation Plan this ENROLLMENT FORM must be received and/or postmarked no later than 05/12/2017.
Please send completed form to:
PO Box 7127 Atlanta, Georgia 30357-7127

PLEASE MAKE ALL CHECKS PAYABLE TO CONTINUON SERVICES.

LEARN MORE ABOUT OUR PAYMENT OPTIONS AT CSCOBRA.COM.

PREMIUM COMPUTATION FORM
ICUBA: Nova Southeastern University

SAMPLE DATE

QB Name: PARTICIPANT AND DEPENDENT NAME
QB Identifier: USERNAME

The Health Benefits Continuation Plan requires you to pay premiums according to the schedule shown below. The premium for the first partial month, if applicable, has been calculated for the remaining number of days in the month the Qualifying Event occurs.

Subsequent premiums are due on the first of each month, as shown.
You must pay all initial premiums due within forty-five (45) days of the day you sign and date the Enrollment Form.

Your Qualifying Event Date: SAMPLE DATE
Your Last Day to Enroll: SAMPLE DATE

Plan Description	Coverage Level	Premium
SAMPLE 1	TYPE 1	$XX.XX
SAMPLE 2	TYPE 2	$XXXX.XX
SAMPLE 3	TYPE 3	$X.XX
SAMPLE HRA	TYPE HRA	$XXX.XX

Total: $XXXX.XX

Schedule Of First Payment	Premium
Amount Due with Enrollment Form Signed to Pay Premiums to SAMPLE DATE	$XXXX.XX
Amount Due if Enrollment Form Signed to Pay Premiums to SAMPLE DATE	$XXXX.XX
Amount Due to Pay Premiums to SAMPLE DATE	$XXXX.XX
Amount Due to Pay Premiums to SAMPLE DATE	$XXXX.XX

Premiums must be paid by check or money order. PLEASE DO NOT SEND CASH.

ICUBA: Nova Southeastern University
P. O. Box 7127
Atlanta, GA30357-7127

SAMPLE DATE

PARTICIPANT NAME
PARTICIPANT ADDRESS

Dear PARTICIPANT

RE: Email Notification Authorization

If you choose to enroll in continuation coverage, you may authorize your Administrator to provide certain correspondence and communications via e-mail rather than via the U.S. Postal Service. However, not all correspondence may be provided via e-mail and your Administrator will continue to provide such correspondence via the U.S. Postal Service. The letters that you may be sent via e-mail include, but are not limited to: (i) premium notices, (ii) change of address notification, (iii) open enrollment, (iv) Medicare entitlement, (v) rate change, (vi) returned check notice, (vii) deficient payment notice, (viii) enrollment confirmation, (ix) HIPAA Coverage Certificate, (x) and coverage termination notice.

If you are interested in receiving certain correspondence from your Administrator via e-mail, please sign below and return this document along with your Enrollment Form.

Your agreement to receive correspondence and notifications via e-mail may be revoked at any time by written notification to your Administrator. You must inform your Administrator of any changes to your email address to ensure that you will receive the provided documentation. In addition, you have the right to request and obtain a paper version of the documents originally sent via e-mail at any time. Your request for to receive the additional paper documents may result in a small charge.

Consent to Receive Notifications and Other Correspondence Via Email

I, PARTICIPANT NAME and dependent(s), agree that certain correspondence and notifications concerning my continuation coverage in the ICUBA: Nova Southeastern University Plan may be sent to me via email rather than in printed form using regular first-class U.S. Mail.

The email address to which the correspondence and notification should be sent is:

_____

Participant and dependents

E-mail address: _____

Further, I will keep you informed of any change in my email address as they occur, and understand that notices and correspondence that are unsuccessfully delivered to my email address may not be printed and sent to me via U.S. Mail.

You may revoke your request to receive correspondence via e-mail at any time. If you wish to withdraw your request to be notified via e-mail, simply provide us written notification of your wish to begin receiving notices via U.S. Mail rather than via e-mail.
Please note: that certain notices related to my ICUBA: Nova Southeastern University Plan may still be sent to me via U.S. Mail rather than email.