

# COBRA | COBRA Continuation of Health Coverage

Date of Notice: \_\_\_\_\_ Print Employee Name: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_

**This notice contains important information about your right to continue your healthcare coverage.**

Upon termination of your employment with the City of Montgomery, you are eligible to continue your Blue Cross & Blue Shield Group Health coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. You have sixty (60) days after the termination of your health insurance coverage to decide whether you want to elect COBRA. Your coverage will be terminated effective either the 15<sup>th</sup> or last day of the month depending upon the last date a premium is received. Premiums must be paid retroactive to the date your coverage terminated as there can be no gap in coverage for COBRA.

COBRA monthly continuation coverage cost:

PPO Plan		HMP Plan	
Single	\$580.00	Single	\$440.00
Family	\$1,260.00	Family	\$955.00

Your cost for COBRA may change over time, as the cost of benefits under the plan changes.

You also have the option of converting the City provided Life Insurance to an individual policy.

**I understand I have sixty (60) days from the day my health insurance coverage is terminated to apply for COBRA and thirty (30) days to convert my Life Insurance.**

**I understand by signing this form I am not automatically enrolled in COBRA or the Life Insurance. I must contact the Benefits Office should I choose to enroll.**

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Date Signed

If you have any questions about your rights to COBRA or Life Insurance, you should contact:

Plan Administrator: CITY OF MONTGOMERY	Name: ERIKA LEVETT
Address: 103 N. PERRY ST., MONTGOMERY, AL 36104	Phone Number: 334-625-2674