

IL State Continuation Coverage Election Notice

[Enter date of notice]

Dear *Identify the qualified beneficiary(ies):*

This notice contains important information about your right to continue your health care coverage in the **enter name of your group group health plan (the Plan).** Please read the information contained in this notice very carefully.

***You may be able to get coverage through the Health Insurance Marketplace that costs less than Illinois continuation coverage.** You can learn more about the Marketplace on page 5 of this notice.

To elect IL continuation coverage, follow the instructions on the following pages to complete the enclosed Election Form and submit it to us.

If you do not elect continuation coverage, your coverage under the Plan will end on *[enter termination date]* due to *(check appropriate box):*

End of employment
 ___ Involuntary ___ Voluntary

Add any other events that would give rise to a right to continuation coverage under state law, such as

___ Divorce or legal separation
___ Death of employee
___ Entitlement to Medicare
___ Reduction in hours of employment
___ Loss of dependent child status]

Each person in the category(ies) checked below is entitled to elect continuation coverage, which will continue group health care coverage under the Plan for up to 12 months.

Check appropriate box or boxes. Categories may include

___ Employee or former employee
___ Spouse or former spouse
___ Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage
___ Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan.

If elected, continuation coverage will begin on *[enter date of day after termination date]* and can last until 12 months.

Continuation coverage will cost: *[enter current premium amount for his/her coverage on plan]*

If you have any questions about this notice or your rights to continuation coverage, you should contact *[enter name of person in your office responsible for continuation coverage administration]*.

Continuation Coverage Election Form

Instructions: To elect continuation coverage, complete this Election Form and return it to us. Under IL State Continuation Law, you have 30 days after the date of this notice to decide whether you want to elect continuation coverage.

Send completed Election Form to: *[Enter Name and Address of person in your office handling continuation coverage]*. No later than *[enter date 30 days from the date of your letter]*.

If mailed, it must be post-marked no later than 30 days from the date of this notice. In no event may you elect Illinois continuation coverage more than 60 days after the date of employment termination. If you do not submit a completed Election Form by the due date indicated above, you will lose your right to elect IL State Continuation Coverage. If you reject continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. However, if you change your mind after first rejecting continuation coverage, your continuation coverage will begin on the date you furnish the completed Election Form.

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

I (We) elect continuation coverage in the **enter name of your group** health plan (the Plan) as indicated below:

A.

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
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B.

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
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C.

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
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Signature

Date

Print Address

Telephone number

Important Information about Your Continuation Coverage Rights

What is continuation coverage?

State law requires that most group health insurance coverage (including this coverage) give employees and their families the opportunity to continue their 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, the covered employee’s spouse, and the dependent children of the covered employee.

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

How long will continuation coverage last?

IL State Continuation coverage offers 12 months of coverage.

How can you elect continuation coverage?

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under Federal law. First, you can lose the right to avoid having preexisting condition exclusions applied to you by other group health plans if you have a 63-day gap in health coverage, and election of continuation coverage may help prevent such a gap. Second, you will lose the guaranteed right to purchase individual health coverage that does not impose a preexisting condition exclusion if you do not elect continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under Federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse’s employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does continuation coverage cost?

[Insert full premium amount for your employee on current plan.]

If you have questions about these provisions, you may call the Health Coverage Tax Credit Customer Contact Center toll-free at 1-866-628-4282. TTD/TTY callers may call toll-free at 1-866-626-4282. More information about the Trade Act is also available at www.doleta.gov/tradeact.

When and how must payment for continuation coverage be made?

Your payment must be made within 30 days from the date this notice was provided to you.

You may contact *[Enter Name and Address of person in your office handling continuation coverage.]* to confirm the correct amount of your first payment.

Your payment(s) for continuation coverage should be sent to: *[Enter Name and Address of person in your office handling continuation coverage.]*

For more information

This notice does not fully describe continuation coverage or other rights with respect to your coverage. More information is available from *[Enter Name and Address of person in your office handling continuation coverage.]*

If you have any questions concerning the information in this notice, your rights to coverage you should contact. *[Enter Name and Address of person in your office handling continuation coverage.]*

Keep Your Plan Informed of Address Changes

In order to protect your and your family's rights, you should keep *[enter name and contact information for the appropriate party responsible for continuation coverage administration under the Plan]* 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 *[enter the name of the party responsible for continuation coverage administration under the Plan]*.

***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 IL continuation coverage. Being offered IL 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.