



Your LEGAL Responsibility

Dear Employer,

You are required by law to notify all COBRA/Cal-COBRA qualified beneficiaries of a health insurance plan change within specified time frames. Ask your current carrier who is enrolled on or is eligible to be enrolled on COBRA/Cal-COBRA continuation coverage.

Federal COBRA

Generally groups with 20+ employees

It is the Employer's responsibility to notify all COBRA qualified beneficiaries of any plan change a minimum of 30 days prior to the change, or when all enrolled employees are notified (whichever is later). It is also the Employer's responsibility to provide all COBRA qualified beneficiaries with CaliforniaChoice 51+ benefit and premium information, enrollment materials, and instructions with respect to enrollment with CaliforniaChoice 51+.

Cal-COBRA

Generally groups with 2-19 employees

The group should notify their prior plan of Employer's intention to terminate coverage. They should provide qualified beneficiaries with notification of plan termination a minimum of 30 days prior to termination, or when all employees are notified (whichever is later).

Notify CaliforniaChoice 51+ in writing no later than the 25th day of the first coverage month by completing the section below for qualified beneficiaries who are currently receiving coverage or are in their Cal-COBRA election period. CaliforniaChoice 51+ will then provide them with the necessary premium information, enrollment forms and instructions to allow the qualified beneficiary to continue coverage.

IMPORTANT: CaliforniaChoice 51+ must receive a completed Medical/Dental/Life Enrollment Application from each COBRA/Cal-COBRA subscriber no later than the last day of the group's first month of coverage. (The only exception is for Qualified Beneficiaries whose Qualifying Event date occurred in the month immediately preceding the group's effective date with CaliforniaChoice 51+—they have until the 60th day of their election period, no later than the last day of the second month of coverage with CaliforniaChoice 51+.)

Provide information below for current COBRA/Cal-COBRA qualified beneficiaries.

Example: Employees covered under current group plan but terminating prior to CaliforniaChoice 51+ coverage effective date. Use additional paper if necessary.

Table with 4 columns: Name, Current Residence Address, Date of Birth, Qualifying Event: (Date & Reason)

FAILURE TO PROVIDE THIS INFORMATION TO CALIFORNIA CHOICE 51+ WILL ABSOLVE US OF ALL LIABILITY.

Group Name

Group Number

Date

Print Name

Signature

FAX TO (714) 664-1709—ATTENTION: COBRA Billing Department