

NOTICE OF OTHER COVERAGE, MEDICARE ENTITLEMENT OR CESSATION OF DISABILITY

(Form and Notice Procedures)

For more information about this form, the Plan’s notice procedures and your COBRA rights and obligations, consult the Plan’s Summary Plan Description and the Plan’s COBRA election notice. You may obtain copies of these documents from ACS Benefit Services, Inc. or the Plan Administrator or on the ACS Benefit Services, Inc. website at www.acsbenefitservicesinc.com.

When to Use This Form:

Use this form when any of the following events occurs:

- A qualified beneficiary, after electing COBRA, first becomes covered under other group health plan coverage (but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the qualified beneficiary have been exhausted or satisfied);
- A qualified beneficiary, after electing COBRA, first becomes entitled to Medicare (Part A, Part B or both); or
- The Social Security Administration determines that a disabled qualified beneficiary is no longer disabled, if the maximum period of COBRA coverage previously was extended due to the qualified beneficiary’s disability.

Deadline:

<u>If you are providing notice of :</u>	<u>The deadline for this notice is:</u>
Other coverage (a qualified beneficiary, after electing COBRA, first becomes covered by other group health coverage)	30 days after the other coverage becomes effective or, if later, 30 days after exhaustion or satisfaction of any pre-existing condition exclusions for a pre-existing condition of the qualified beneficiary
Medicare Entitlement (a qualified beneficiary, after electing COBRA, first becomes entitled to Medicare Part A, Part B or both)	30 days after the beginning of Medicare entitlement (as shown on Medicare card)
Cessation of Disability (a Social Security Administration determination that a qualified beneficiary is no longer disabled)	30 days after the date of the Social Security Administration’s determination

Notice Procedures:

You must follow the Notice Procedures for Notice of Other Coverage, Medicare Entitlement or Cessation of Disability appearing at the end of this form.

If one of the events listed in this notice occurs, COBRA coverage will be terminated (retroactively if applicable) as described in the Plan’s Summary Plan Description, regardless of whether or when you provide this Notice of Other Coverage, Medicare Entitlement or Cessation of Disability.

Complete This Portion:

Identify the Covered Employee (the employee or former employee who is or was covered under the Plan):

Print name of employee _____ SS# _____

Address of employee _____

Name of Health Plan _____ Plan ID # _____

Event Description (check one and complete):

- Qualified beneficiary has become covered by other group health plan coverage after electing COBRA
Print name of qualified beneficiary(ies) who obtained other coverage: _____
Address of qualified beneficiary(ies): same as employee's address different address(es) (provide address(es))

Date that other group health plan coverage became effective (and, if there were any pre-existing condition exclusions applicable to the qualified beneficiary, provide date that these exclusions were exhausted or satisfied): _____

- Qualified beneficiary has become entitled to Medicare after electing COBRA
Print name of qualified beneficiary who became entitled to Medicare: _____
Address of qualified beneficiary: same as employee's address different address (provide address)

Date that Medicare entitlement began: _____
Is a copy of the qualified beneficiary's Medicare card enclosed with this notice? Yes No

- Qualified beneficiary ceased to be disabled
Print name of qualified beneficiary: _____
Address of qualified beneficiary: same as employee's address different address (provide address)

Date disability ended: _____
Is a copy of the Social Security Administration determination enclosed with this notice? Yes No

Certification, Signature and Date:

I certify that the above information is true and correct.

I am the (check one): former employee spouse or former spouse former dependent child

other (explain) _____

Signature

Date

Print Name

Address

Telephone Number

Notice Procedures for Notice of Other Coverage, Medicare Entitlement or Cessation of Disability

These procedures apply to the following notices that you may be required to provide to ACS Benefit Services, Inc.

- Notice of Other Coverage - a notice that a qualified beneficiary has become covered, after electing COBRA, under other group health plan coverage;
- Notice of Medicare Entitlement - a notice that a qualified beneficiary has become entitled, after electing COBRA, to Medicare (Part A, Part B or both); and
- Notice of Cessation of Disability - a notice that a disabled qualified beneficiary whose disability resulted in an extended COBRA coverage period is determined by the Social Security Administration to be no longer disabled.

How to Provide Notice of Other Coverage, Medicare Entitlement or Cessation of Disability

You must provide these notices to:

ACS Benefit Services, Inc.
ATTN: COBRA Coordinator
8025 North Point Boulevard, Ste. 100
Winston-Salem, NC 27106
Fax No. (336) 759-2741

Your notice must be provided no later than the deadline described on the first page of this form. You are encouraged to use the form entitled “Notice of Other Coverage, Medicare Entitlement or Cessation of Disability.” A copy of the notice procedures and the Form are included in the COBRA Section of the Summary Plan Description. You may also obtain a copy of the Form and notice procedures from the plan Administrator, ACS Benefit Services, Inc. or on the ACS Benefit Services, Inc. website at www.acsbenefitservicesinc.com.

Information Required for All Notices

This form should be used to provide a Notice of Other Coverage, A Notice of Medicare Entitlement or a Notice of Cessation of Disability and all of the applicable items on the form should be completed.

Additional Information Required for Certain Notices

If you are providing a Notice of Other Coverage, your notice should include evidence of the effective date of the other coverage (such as a copy of the insurance card or application for coverage).

If you are providing a Notice of Medicare Entitlement, your notice should include a copy of the Medicare card showing the date of Medicare entitlement.

If you are providing a Notice of Cessation of Disability, your notice must include a copy of the Social Security Administration’s determination that the qualified beneficiary is no longer disabled.

Who May Provide Notices

The covered employee (i.e., the employee or former employee who is or was covered under the Plan), a qualified beneficiary with respect to the qualifying event or a representative acting on behalf of either may provide the notice. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all related qualified beneficiaries with respect to the other coverage, Medicare entitlement or cessation of disability reported in the notice.

COBRA Coverage Will Terminate Regardless of Whether or When Notices Provided

If a qualified beneficiary first becomes covered by other group health plan coverage (without applicable pre-existing condition exclusions) after electing COBRA, that qualified beneficiary's COBRA coverage will terminate (retroactively if applicable) as described in the Plan's Summary Plan Description, regardless of whether or when a Notice of Other Coverage is provided.

If a qualified beneficiary first becomes entitled to Medicare Part A, Part B or both after electing COBRA, that qualified beneficiary's COBRA coverage will terminate (retroactively if applicable) as described in the Plan's Summary Plan Description, regardless of whether or when a Notice of Medicare entitlement is provided.

If a disabled qualified beneficiary is determined by the Social Security Administration to be no longer disabled, COBRA coverage for all qualified beneficiaries whose COBRA coverage is extended due to the disability will terminate (retroactively if applicable) as described in the Plan's Summary Plan Description, regardless of whether or when a Notice of Cessation of Disability is provided.