VIRGINIA STATE CONTINUATION
Important Information about Your Coverage Continuation Rights

What is continuation coverage?
Virginia's continuation coverage law gives individuals and their families the opportunity to continue their coverage when there is a qualifying event that results in a loss of coverage under an employer's plan. Depending on the type of qualifying event, qualified beneficiaries may include the employee (or retired employee) covered under the group health plan, the covered employee's spouse, and the covered employee's dependent children. Continuation coverage is the same coverage that the group health plan gives to other participants (covered employees) or beneficiaries under the plan. Each qualified beneficiary who elects continuation coverage will have the same rights under the group health plan as other participants or beneficiaries covered under the plan.

How long does continuation coverage last?
If an individual loses coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 12 months from the date coverage would otherwise terminate.

How can you elect continuation coverage?
You must notify your employer within 60 days of your intention to elect State Continuation.In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage may affect your future rights under federal and state law. For example, if you have a pre-existing condition, then having a gap in coverage greater than 63 days may cause you to have a pre-existing condition waiting period when you obtain other group or individual coverage. You should take into account that you may have other coverage options, such as another group health plan for which you may be otherwise eligible. An example is a group health plan sponsored by your spouse's employer.

By electing and exhausting State Continuation you will (in most cases) have the opportunity to enroll in a guaranteed issue individual plan under HIPAA law when your State Continuation ends without having to re-serve a pre-existing waiting period (12 months).

How much does continuation coverage cost?
The premium associated with State Continuation will be the cost of the coverage elected as defined by the company's health provider and will be the total premium (employer does not share in the cost of coverage) of a similarly situated covered employee plus 2%

When and how must payment for continuation coverage be made?
The first premium payment must be given to your former employer to establish payment not more frequently than on a monthly basis in advance.

For more information
Please contact the Virginia Bureau of Insurance
Toll Free Phone (Virginia only): 1-800-552-7945
Toll Free Phone (Nationwide): 1-877-310-6560
BOI Main Phone: 804-371-9741
TDD Phone: 804-371-9206

Keep Us Informed of Address Changes

In order to protect your rights and the rights of your family, you should keep us informed of any changes in your address and the addresses of family members. Please let the office know if you have a change of address or other contact information.

State Continuation Election

You may elect to enroll the persons checked below in Virginia's continuation coverage, which will continue group health care coverage under the Plan for up to **12** months.

- ☐ *Employee*
- ☐ *Spouse*
- ☐ *Dependent child(ren)*

At the employee's option, your Virginia continuation coverage may cover only the employee, only the other family members who are checked above, or the employee and the family members. Family members are checked if they were covered at least under the group policy. If you believe there has been a mistake and that you have additional family members who are eligible for coverage, please contact us.

Insurance Carrier_____

Plan Name _____

Cost Per Month

Employee Only	**$_____**
Employee Child	**$_____**
Employee Children	**$_____**
Employee Spouse	**$_____**
Employee Family	**$_____**

Coverage Election
Please enroll the following under Virginia's State Continuation coverage:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

Certification:
I certify I have read the above information that has been provided to me in a good faith effort to be in compliance with Virginia's health insurance laws. I certify that with my signature below I have agreed with the intent of this form to obtain Virginia State Continuation coverage and I will pay the full cost of such coverage and an additional 2% amount if such amount is required by the plan sponsor.

Print Name_____ Date_____

Sign Here_____

Return to form to the Plan Sponsor (employer) to establish coverage.