



Under certain circumstances the law prescribes that you and/or your covered dependents may continue coverage, at your own expenses, if you have a COBRA qualifying event.

How do I enroll?

Contact your township's human resources office immediately following a COBRA qualifying event

You will receive an enrollment packet directly from the township's COBRA administrator immediately following a COBRA qualifying event. If you do not receive your packet, please contact your human resources office.

What are the Standard Periods of Coverage?

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) establishes required periods of coverage for continuation of health benefits. COBRA beneficiaries generally are eligible for group coverage during a maximum period of 18 months for a qualifying event of employment termination or reduction of employment hours. Other qualifying events may entitle a spouse and dependent children to a total of 36 months of COBRA coverage. The maximum period of coverage allowed will be based on the COBRA qualifying event.

Where do I go for more information?

For more information on COBRA coverage please visit <https://www.dol.gov/general/topic/health-plans/cobra>.

What is a Qualifying COBRA Event?

EMPLOYEE: As an employee enrolled as a member of your township's benefit program you may continue coverage at your own expense for yourself and your eligible dependents for the following reasons:

- You lose your health coverage because of a reduction in hours; or
- Your employment terminates for reasons other than gross misconduct on your part.

SPOUSE: As a spouse dependent enrolled as a member of your township's benefit program you may continue coverage for yourself for any of the following reasons:

- Your spouse dies;
- Your spouse's employment terminates for reasons other than gross misconduct, or reduces hours of employment;
- Divorce or legal separation from your spouse; or
- Your spouse becomes entitled to Medicare benefits

CHILD(REN): As a dependent child enrolled as a member of your township's benefit program you may continue coverage for any of the following reasons:

- The death of a parent; your parent's employment terminates for reasons other than gross misconduct, or reduces hours of employment;
- Your parents divorce or legally separate;
- Your parent becomes entitled to Medicare; or
- You cease to be an eligible dependent child under any/all group coverage

If you have any questions about this topic, please contact the Benefits Member Advocacy Center (MAC) at 800.563.9929 (Mon-Fri, 8:30 am–5:00 pm)