



District Council 37 Benefits Fund Trust

125 Barclay Street, New York, NY 10007-2179

(212) 815-1234

Dear Member:

We have been informed that your eligibility for DC 37's Welfare Fund Benefits has been (or will soon be) terminated.

Under the COBRA (Consolidated Omnibus Budget Reconciliation Act), you have the right to purchase continuation coverage with respect to the Plan's health-related benefits (i.e., dental, vision, podiatry, audiology, second surgical opinion, supplemental surgical and prescription drug coverage). **For questions concerning your basic Health Insurance coverage under the COBRA law, contact your agency's personnel office.**

The enclosed COBRA election notice provides further detail on your right to elect COBRA coverage, and the rules governing your COBRA election.

If you wish to purchase DC 37 Welfare Fund Benefits, please complete the enclosed election form and return it to DC 37 Benefits Fund Trust, COBRA Enrollment - 8th Floor, 125 Barclay Street, New York, NY 10007. **You must submit the election form and pay for your COBRA coverage in accordance with the time frames identified in the Election Notice. If you fail to comply with these deadlines, you will not be eligible to receive COBRA coverage.**

Please call Carol Aguirre at the number provided in the attached notice if you have questions about this notice or your rights under COBRA.

Very truly yours,

Laura Albergo
Controller

Enclosure

Lillian Roberts
Chair

Oliver Gray
Trustee

Maf Misbah Uddin
Secretary-Treasurer

QUALIFYING EVENT/ELECTION NOTICE **OF COBRA RIGHTS**

This notice contains important information about your right to continue your DC 37 Welfare Fund Benefits coverage. Please read the information contained in this notice very carefully.

To elect to continue your DC37 Welfare Fund Benefits, **you must complete the enclosed Election Form and submit it to us within 60 days of the qualifying event or the date you lost eligibility for benefits.** Although your first COBRA premium payment is not due until 45 days after you elect COBRA coverage, you may send in your first payment with the COBRA election form.

If you have any questions about this notice or your rights to COBRA continuation coverage, you should contact Carol Aguirre, DC 37 Benefits Fund Trust, Accounting Department – 3rd floor, 125 Barclay Street, New York, NY 10007, (212) 815-1239.

You may elect any of the following options for COBRA continuation coverage described at the end of this notice. You do not have to send any payment with the Election Form. Important additional information about payment for COBRA continuation coverage is included in the pages following the enclosed Election Form.

IMPORTANT INFORMATION **ABOUT YOUR COBRA CONTINUATION COVERAGE RIGHTS**

What is continuation coverage?

Federal law requires that most group plans that provide health benefits (including this Plan) give employees and their families the opportunity to continue their health care 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 (or retired employee) covered under the health plan, the covered employee’s spouse/domestic partner, and the dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants 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 covered under the Plan.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally will be continued for up to a total of 18 months. Under USERRA (Uniformed Services Employment and Reemployments Rights Act) individuals called up to military active duty will be continued for up to a total of 24 months. In the case of loss of coverage due to an employee’s death, divorce or legal separation or a dependent child ceasing to be a dependent under the terms of the Plan, coverage may be continued for up to a total of 36 months. You will be required to pay 102% of the cost of coverage during this 18, 24 or 36-month period.

