

**Election of Continuation  
Terminating Insureds - Connecticut**

Planholder Name:		Group Plan #:	Date:
Planholder Address:			
Name of Insured Employee: (Last,First, MI)	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security #:	Date of Birth:
Name of Person Making Election:	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security #:	Date of Birth:
Names of Continuing Eligible Dependents (If more space is needed, please attach a separate sheet of paper)			
Full Name:(Last, First, MI)	Sex:	Date of Birth:	Relationship to Employee:
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
Home Address:			
Reason for Termination of Insurance:			Date of Termination:

Under Connecticut law, when group coverage terminates due to layoff, leave of absence, reduction of work hours or termination of employment, other than for gross misconduct, the law permits the continuation of Hospital-Surgical and/or Major Medical insurance for employees and/or insured dependents for up to 18 months. Dental coverage may also be continued, but only if included with Hospital, Surgical and/or Major Medical insurance. These benefits will be referred to as group health benefits. A spouse or dependent child who loses coverage due to an employee's death, divorce, court ordered annulment or legal separation, or loss of dependent child status under the plan may continue their group health benefits for up to 36 months. If an employee becomes entitled to Medicare less than 18 months prior to his or her termination of employment or reduction of work hours, a spouse or dependent child is entitled to 36 months of continued coverage beginning with the employee's entitlement to Medicare. An individual who is determined to be totally disabled under Title II or Title XVI of the Social Security Act at the time of a reduction of hours or termination of employment, or at any time during the first 60 days of continuation, may continue coverage for up to 29 months, but only if notice of the determination is provided before the end of the 18 months. An individual's Life, Accidental Death and Dismemberment, Disability Income, Vision, or stand-alone Dental insurance may not be continued.

Group health benefits and premium rates are the same as those for active employees and dependents. The planholder may charge an additional 2% of premium as an administrative fee. For those disabled individuals who extend coverage from 18 to 29 months, the planholder may charge an additional 50% of premium for the 19<sup>th</sup> through the 29<sup>th</sup> month.

In order to retain your group health benefits under the group plan, monthly payments of \$\_\_\_\_\_ for the employee and \$\_\_\_\_\_ for dependents are required. This amount may change in accordance with any premium rate changes for the group plan.

When an individual's group health benefits terminate, the planholder must notify the insured within 10 days of the right to continue this plan's group health benefits. This form must be provided to the insured in person or mailed to the person's last known address. The completed form must be sent to the planholder, along with the first monthly premium, within 30 days of the date coverage would otherwise end. The planholder should mail or fax the completed form to Guardian. Subsequent monthly premiums must be sent to the planholder by the \_\_\_\_\_ day of each month. If the insured does not respond, it is assumed the individual has elected not to continue.

Continued coverage will end on the earliest of the following events to occur: (1) the end of the continuation period for which that person is entitled; (2) the date the employer ceases to provide a group plan to any employee; (3) if the person stops paying premium, the end of the period for which premium payment was last made; (4) the date the person becomes covered under Medicare or another group health plan that does not contain any preexisting condition exclusion or limitation with respect to the person; and (5) with respect to an individual that was determined to be totally disabled at the time of termination of employment, reduction of work hours or during the first 60 days of continuation, the month that begins more than 30 days after the date of the final determination that the individual is no longer disabled.

An individual may exercise any hospital and/or medical conversion rights now or at the end of the continuation period. Life insurance conversion rights, if any, must be exercised within 31 days of termination of coverage.

**PLEASE READ THE CERTIFICATE BOOKLET FOR ADDITIONAL INFORMATION**

- I do not elect to continue group health benefits for myself and my eligible dependents.
- I elect to continue group health benefits for myself and my eligible dependents and agree to the conditions and requirements outlined above.

Please continue coverage for:

- Employee  Spouse Only  Child(ren) Only
- Employee & Eligible Dependents  Spouse and Children

If you later wish to terminate your insurance, please notify your planholder in writing.

Signature of Person Making Election:	Date:
Certified for Planholder By: (Name and Title)	Date: