



## Special Enrollment Period Rights Notice (IRS Reg. 549801-6T(c))

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this Plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### **For Certain Individuals Who Lose Coverage**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may, under certain circumstances, be able to enroll yourself or your dependents in this Plan at a later date. This declination of coverage for you or your dependents must be presented to the Plan, when you or your dependents first become eligible for coverage under this Plan. Should you fail to do so, you will not have the opportunity to enroll yourself or your dependents at the time the other insurance is lost.

If your other coverage was under COBRA, such continuation of coverage must be exhausted to be considered a loss of coverage. Your failure to elect COBRA continuation under a prior plan will be treated as a loss for purposes of this special enrollment provision. However, a loss of other coverage, whether under COBRA or otherwise, does not include a loss due to an individual's failure to pay premiums on a timely basis, or termination of such coverage for cause. Loss of other coverage not under a COBRA continuation provision includes that which resulted from the following events:

- Termination of the Plan;
- Loss of eligibility for such coverage;
- Your legal separation, divorce from or death of spouse;
- Your termination or spouse's termination of employment;
- Spouse off-cycle enrollment period;
- A reduction in your hours of employment;
- Strike, furlough or leave of absence

If you lose your other coverage for any of the above reasons, you must request enrollment into this Plan within 30 days after your other coverage ends. Your coverage under this Plan would become effective the first day of the calendar month beginning after the date your HR Representative receives your request for special enrollment and associated documentation as evidence of the loss in your coverage.

### **For Certain Dependent Beneficiaries**

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption of a child under the age of 26, you may be able to enroll yourself and your new dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

The effective date of coverage for you and your dependents shall be:

1. In the case of marriage – the date of marriage.
2. In the case of a dependent's birth – the date of such birth.
3. In the case of a dependent's adoption or placement for adoption – the date of such adoption or placement for adoption.

**SPECIAL NOTE: In all of the special enrollment situations detailed above, the eligible employee must be enrolled in order that the employee's dependents may be enrolled.**

You must submit your request for special enrollment using the MarketLink enrollment system and provide all supporting documentation illustrating loss of coverage within 30 days of the date of the event to your designated HR Representative.

If you have any questions about this notice or about the Plan, you may contact the Corporate Benefits Department at (860) 583-7070.