

Your LEGAL Responsibility

Dear Employer,

If you currently offer health insurance coverage, you are required by law to notify all COBRA qualified beneficiaries of a health insurance plan change within specified time frames.

Federal COBRA

It is the Employer's responsibility to notify all COBRA qualified beneficiaries of a plan termination or change within a minimum of 30 days prior to the termination or change or when all enrolled employees are notified, whichever is later. It is also the Employer's responsibility to provide all COBRA qualified beneficiaries with CaliforniaChoice benefit information, premium information, enrollment materials, and instructions with respect to enrollment with CaliforniaChoice.

Cal-COBRA

Employer Administration

- Notify prior plan of employer's intention to terminate coverage.
- Provide qualified beneficiaries with notification of plan termination a minimum of 30 days prior to the termination or when all enrolled employees are notified, whichever is later.
- Notify California Choice in writing by completing the section below regarding qualified beneficiaries who are currently receiving continuation coverage or are currently in their Cal-Cobra election period. CaliforniaChoice will provide those qualified beneficiaries with the necessary premium information, enrollment forms and instructions to allow the qualified beneficiary to continue coverage.

PROVIDE INFORMATION BELOW FOR CURRENT COBRA PARTICIPANTS AND QUALIFIED BENEFICIARIES.

Example: Employees covered under current group plan and terminated prior to CaliforniaChoice coverage.

Name	Current Residence Address	Home Phone Number
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FAILURE TO PROVIDE CALIFORNIA CHOICE WITH THIS INFORMATION WILL ABSOLVE US OF ALL LIABILITY.

Group Name

Group Number

Signature

Print Name

Date

FAX TO (714) 542-9059—ATTENTION: PEGGY MORALES