



Date

Name & Family  
123 Main St.  
Anytown, CO 80111

**IMPORTANT INFORMATION: COBRA Continuation Coverage and other Health Coverage Alternatives**

Date

Dear Name

**This notice has important information about your right to continue your health care coverage in the Aetna EAP Plan, CIGNA Dental High Plan, CIGNA OAP Plan, VSP Plan (the Plan), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.** Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice.

**Why am I getting this notice?**

You're getting this notice because your coverage under the Plan will end on (date) due to: (reason)

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

**What's COBRA continuation coverage?**

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

**Who are the qualified beneficiaries?**

Each person ("qualified beneficiary") in the category(ies) listed below can elect COBRA continuation coverage:

1. Employee or former employee
2. Spouse or former spouse
3. Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage

**Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.



When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

**If I elect COBRA continuation coverage, when will my coverage begin and how long will the coverage last?**

If elected, COBRA continuation coverage will begin on (date) and can last until (date). You may elect any of the following options for COBRA continuation coverage:

Plan Name	First Day of COBRA	Last Day of COBRA	# Months of COBRA	Last Day To Elect	Initial Grace Period Days	Subsequent Grace Period Days
			18		45	30
			18		45	30
			18		45	30
			18		45	30

Continuation coverage may end before the date noted above in certain circumstances, like failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

**Can I extend the length of COBRA continuation coverage?**

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify the Littleton Public Schools Plan Administrator of a disability or a second qualifying event within a certain time period to extend the period of continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of continuation coverage.

For more information about extending the length of COBRA continuation coverage visit [www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra](http://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra).

**How much does COBRA continuation coverage cost?**

COBRA continuation coverage will cost:

**Premium Information:**

Plan Name	Coverage Level	Monthly Premium
<b>Total Premium:</b>		

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Additional information about payment will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice.

**You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.** You can learn more about the Marketplace below.

**What is the Health Insurance Marketplace?**

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#). You can access the Marketplace for your state at [www.HealthCare.gov](http://www.HealthCare.gov).



Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

### **When can I enroll in Marketplace coverage?**

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?**

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

### **Can I enroll in another group health plan?**

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period to sign up, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.



If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **What factors should I consider when choosing coverage options?**

When considering your options for health coverage, you may want to think about:

1. **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
2. **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
3. **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
4. **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
5. **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
6. **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

### **For more information**

This notice doesn't fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact the Littleton Public Schools at (303) 347-3300, 5776 S Crocker St Littleton, CO 80120.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at [www.dol.gov/ebsa/](http://www.dol.gov/ebsa/) or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep Your Plan Informed of Address Changes**

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

COBRA Continuation Coverage Election Form



Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to:
Rocky Mountain Reserve, LLC
PO Box 2440
Omaha, NE 68103

This Election Form must be completed and returned by mail. If mailed, it must be post-marked no later than (date).

If you don't submit a completed Election Form by the due date shown above, you'll lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you submit a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you submit the completed Election Form.

Read the important information about your rights included in the pages after the Election Form.

I (We) elect COBRA continuation coverage in the Aetna EAP Plan, CIGNA Dental High Plan, CIGNA OAP Plan, VSP Plan (the Plan) listed below:

Table with 3 columns: Name, Relationship, SSN. Includes rows for 'Accept' and 'Waive' options with checkboxes.

Signature

Date

Print Name

Relationship to Individual(s) Listed Above

Print Address

Telephone Number

## Important Information About Payment



### *First payment for continuation coverage*

You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked). If you don't make your first payment in full no later than 45 days after the date of your election, you'll lose all continuation coverage rights under the Plan. You're responsible for making sure that the amount of your first payment is correct. You may contact the Littleton Public Schools at (303) 347-3300 to confirm the correct amount of your first payment.

### *Periodic payments for continuation coverage*

After you make your first payment for continuation coverage, you'll have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is due the 1<sup>st</sup> of each month for that coverage period. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan will or will not send periodic notices of payments due for these coverage periods.

### *Grace periods for periodic payments*

Although periodic payments are due on the dates shown above, you'll be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. You'll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period. If you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be sent to:

Rocky Mountain Reserve, LLC  
PO Box 2440  
Omaha, NE 68103



**COVID-19 Extension Information**

During the COVID-19 pandemic the Internal Revenue Service and the Department of Labor released a new final rule that temporarily extends the period in which eligible employees can elect COBRA health insurance coverage, and the deadline for making COBRA premiums payments. The temporary extension will end 60 days after the National Emergency has ended or one year from the original 60 day election deadline. The DOL, the Treasury Department, and the IRS anticipate that the Outbreak Period will end July 10, 2023 (60 days after the anticipated end of the COVID-19 National Emergency). As of the last day of the Outbreak Period, the extensions under the emergency relief notices for timeframes that began during the COVID-19 National Emergency no longer apply.

Under the new rule participants can make an election and or payment anytime through the 60 days after the end of the emergency. All premiums would be due for all outstanding months not submitted by the end of the extension period. During the time in which payment was not received, insurance carriers would continue to suspend coverage until monthly premium amounts were received.

The DOL, Treasury Department, and the IRS anticipate that the Outbreak Period will end July 10, 2023 (60 days after the anticipated end of the COVID-19 National Emergency). As of the last day of the Outbreak Period, the extensions under the emergency relief notices for timeframes that began during the COVID-19 National Emergency no longer apply. The following examples show how these rules work. These examples assume that the Outbreak Period will end July 10, 2023, as anticipated.

**Example 1 (Electing COBRA)**

Facts: Individual A works for Employer X and participates in Employer X’s group health plan. Individual A experiences a qualifying event for COBRA purposes and loses coverage on April 1, 2023. Individual A is eligible to elect COBRA coverage under Employer X’s plan and is provided a COBRA election notice on May 1, 2023.

What is the deadline for Individual A to elect COBRA?

Conclusion: The last day of Individual A’s COBRA election period is 60 days after July 10, 2023 (the end of the Outbreak Period), which is September 8, 2023.

**Example 2 (Electing COBRA)**

Facts: Same facts as Example 1, except the qualifying event and loss of coverage occur on May 12, 2023, and Individual A is eligible to elect COBRA coverage under Employer X’s plan and is provided a COBRA election notice on May 15, 2023.

What is the deadline for Individual A to elect COBRA?

Conclusion: Because the qualifying event occurred on May 12, 2023, after the end of the COVID-19 National Emergency but during the Outbreak Period, the extensions under the emergency relief notices still apply. The last day of Individual A’s COBRA election period is 60 days after July 10, 2023 (the end of the Outbreak Period), which is September 8, 2023.

**Example 3 (Electing COBRA)**

Facts: Same facts as Example 1, except the qualifying event and loss of coverage occur on July 12, 2023, and Individual A is eligible to elect COBRA coverage under Employer X’s plan and is provided a COBRA election notice on July 15, 2023.

What is the deadline for Individual A to elect COBRA?

Conclusion: Because the qualifying event occurred on July 12, 2023, after the end of both the COVID-19 National Emergency and the Outbreak Period, the extensions under the emergency relief notices do not apply. The last day of Individual A’s COBRA election period is 60 days after July 15, 2023, which is September 13, 2023.

**Example 4 (Paying COBRA Premiums)**

Facts: Individual B participates in Employer Y’s group health plan. Individual B has a qualifying event and receives a COBRA election notice on October 1, 2022. Individual B elects COBRA continuation coverage on October 15, 2022, retroactive to October 1, 2022.

When must Individual B make the initial COBRA premium payment and subsequent monthly COBRA premium payments?

Conclusion: Individual B has until 45 days after July 10, 2023 (the end of the Outbreak Period), which is August 24, 2023, to make the initial COBRA premium payment. The initial COBRA premium payment would include the monthly premium payments for October 2022 through July 2023. The premium payment for August 2023 must be paid by August 30, 2023 (the last day of the 30-day grace period for the August 2023 premium payment). Subsequent monthly COBRA premium payments would be due the first of each month, subject to a 30-day grace period.



For more information visit

<https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-58>

### **New Member Login Notice**

An integral part of our broad service offering is our Member Self-Service Portal (Member Portal). We have designed the Member Portal to be an information-rich and secure website empowering you with the tools and information to efficiently and accurately manage your continuation under the Littleton Public Schools group health plans. We encourage you to leverage the powerful tools contained in the Member Portal anytime, from any location. Examples of information and tools you'll find on the Member Portal include:

1. Payment Information (last received and next due)
2. Coverage Information (plans and critical dates)
3. Copies of all communications we've sent to you
- 4. Make Payments Online**

Below is your unique registration identification number needed to become an authorized user of our website. Please visit <https://COBRApoint.benaissance.com> and click on the NEW USER link and follow the registration process as described. Please note you will be asked to supply a second piece of identification which will be your social security number (SSN). In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.

kmd57vNH

### **SCHEDULED ACH PREMIUM PAYMENT OPTION**

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time. To sign up, login to your Member portal and proceed to the Recurring payments section. Also, you may contact our offices and we will help you with any questions or concerns.

If you should ever have any questions or comments, please do not hesitate to contact our offices at (888) 722-1223 during business hours. Our entire staff is looking forward to getting to work for you.

You can now elect online through your Member Self-Service Portal (Member Portal). Online election is available for you to elect any combination of plans for yourself and your dependents (if any) that you had before your Qualifying Event. Online election is available until 11:59 PM Central Time on the Last Day to Elect listed on your COBRA Continuation Election Form. Electing online is a safe, fast and secure way to ensure your elections are processed. Please visit <https://COBRApoint.benaissance.com> to register and complete your online election.





## Notice of Conversion and/or Portability Rights

**Important Notice regarding your coverage:** You are receiving this notice as a result of experiencing a loss of coverage associated with The Hartford's Group policy provided by your employer. You have options to continue to be insured, which are explained below. The specific options available to you are based on the provisions as defined in the group policy. If you intend to apply for a policy, it is important that you submit a request for quote as soon as possible.

### Life Conversion

The Life Conversion option provides the opportunity for you to obtain an individual life insurance policy that accumulates cash value and is offered at individual insurance rates. There are no mandatory age reductions and coverage can continue with premium payment until the Scheduled Maturity Date (standardly age 121) at which time the cash surrender value is paid to the insured. You will be eligible for Life Conversion if you experience a loss of coverage as the result of a change in your employment status, change in marital status, you or a dependent has experienced an age reduction or maximum age limit, you have retired or you have reached the end of an employer sponsored continuation provision. If coverage is ending because The Hartford Group Life policy is terminating or coverage for a class of employees is terminating, some restrictions may apply. If coverage is ending for any other reason, you can generally convert up to the full amount of your terminating coverage. Conversion is also available to your dependents if they had coverage under the group policy. You may have the option to obtain a one year term policy prior to the permanent life policy becoming effective. Please refer to The Hartford Group Life policy for information. **Premiums for a Life Conversion policy are substantially higher than the employer group policy rates.**

### Life Portability

Under the Portability option you may obtain a group life insurance policy to continue 50%, 75% or 100% of the amount of life insurance coverage (Basic, Supplemental, or both) you had under the Group policy up to a maximum amount, generally \$250,000 depending upon the provisions of the employer's group policy. The Portability policy provides group term coverage and is available to you provided you have not yet reached your Social Security full retirement age. The Portability option may also be available to your dependents if you carried dependent coverage under the employer's group policy and if the group policy includes portability as an option for dependents. The amount of coverage you elect to port is reduced by 75% at age 65 and coverage terminates at age 75. You will be eligible for Life Portability if you experience a loss of coverage as the result of a change in your employment status, change in marital status, you or a dependent has experienced an age reduction or maximum age limit, you have retired or you have reached the end of an employer sponsored continuation provision. **Note:** Portability is not available if your employer is terminating the group policy. If you choose to elect the Waiver of Premium provision as outlined in your Contract you are not eligible for Portability. The same applies if you choose to elect Portability, Waiver of Premium would not be available. Additional restrictions may also apply. **Premiums for a Life Portability policy may be higher than the employer group policy rates and rates increase every five years (years in which your age on your birthday ends in 5 or 0, for example 45 or 50.).**

### **GROUP LIFE INSURANCE PORTABILITY AND CONVERSION – Side By Side Employee Guide**

To decide whether Portability or Conversion is the right choice for your personal situation, you need to understand the differences. We help you see them clearly with our side-by-side comparison. Please visit [www.hartford-employee-guide.com](http://www.hartford-employee-guide.com) to view the complete side-by-side comparison table. If you do not have access to the internet you may obtain a copy of this comparison by calling 1-877-320-0484.



### **Frequently Asked Questions**

**Q: If I request a quote, how does The Hartford determine the amount of coverage to quote?**

A: The quote is based on the amount of coverage you had under the group policy as well as any applicable policy provisions. The amount quoted is not a guarantee for your new coverage until The Hartford performs an eligibility review, validation of all information received, and medical underwriting, where applicable.

**Q: What is my policy effective date?**

A: When the application is approved and premium payment has been received, the effective date will be the day after your group benefits loss begins so that no gap in coverage would be experienced by you or your family.

**Q: Can I be denied coverage?**

A: Your request for coverage can be denied if you do not meet the timeline requirement as outlined above the signature line.

**Q: If I start to work for a new employer and obtain coverage under that employer's group policy, will that group coverage impact any policy that I may purchase now?**

A: If you obtain coverage under a new employer's group policy, your purchased policy(s) will remain in effect provided you continue to pay the required premiums.



**Below is the information required to request a quote and the necessary forms to enroll.** If you have questions about this information, your eligibility, or the status of any request you have submitted, please call a representative at **1-877-320-0484**.

The Hartford, Portability and Conversion Unit  
P.O. Box 43786  
Cleveland, OH 44143-0786  
Fax 1-440-646-9339

**E-mail request to:** [portabilityandconversions@selmanco.com](mailto:portabilityandconversions@selmanco.com) with "Notice of Continuation of Coverage" in the subject line  
<https://info.selmanco.com/hartfordnocrp>

**Employer Section: To be completed by the Employer or Employer Representative.**

Employer: \_\_\_\_\_

Policy #: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Last Day Worked (or date employee is no longer in an eligible class): \_\_\_\_\_

Date of Group Coverage Loss: \_\_\_\_\_ Loss of coverage reason: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Base annual salary: \_\_\_\_\_

**Life Coverage: Please provide coverage amount in place at the time of loss of coverage**

- Employee Basic Life: \_\_\_\_\_
- Spouse Basic Life: \_\_\_\_\_
- Child Basic Life: \_\_\_\_\_

The Hartford reserves the right to request additional information prior to accepting an application.

**Employer Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Employer Email Address** \_\_\_\_\_ **Date** \_\_\_\_\_

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). © 2021 The Hartford



**Employee Section: To be completed by the Employee and submitted with the Employer Section via mail, fax, or e-mail, to initiate the quote and application for coverage options.**

**The Hartford, Portability and Conversion Unit, P.O. Box 43786, Cleveland, OH 44143-0786**

**Fax 440-646-9339, Phone 877-320-0484**

**E-mail request to: [portabilityandconversions@selmanco.com](mailto:portabilityandconversions@selmanco.com) with "Notice of Continuation of Coverage" in the subject line <https://info.selmanco.com/hartfordnocp>**

**I am interested in receiving a Quote/Application for the following:**

- 12 month Term/Whole Life Conversion (12 month only available for groups situated in NY & WV)  
 Portability Term Life

**Please print the following information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # (indicate last 4 digits only): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I am interested in receiving information for the following persons:

- Myself       My Spouse       My Child(ren)

**Please print the name(s), relationship, and date(s) of birth for each dependent who may be eligible for coverage. Include an additional sheet if necessary.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**This notice is a part of a 3-step process to obtain coverage. For you to be eligible to start this process, your employer representative must have signed this notice no later than 90 days after the Group Coverage Loss Date. If your employer signs this notice prior to the Group Coverage Loss Date, we will treat the employer signature date as being the same as the Group Coverage Loss Date for purposes Steps 1 and 3.**

**Step 1: You have up to 31 days from the date your employer representative has signed this notice to submit this request (Employer AND Employee section) to The Hartford.**

**Step 2: Once we receive your completed request, we will send you an application and a quote. Depending on the mail, it may take two to three weeks for you to receive these. If you are concerned that you may not be able to obtain the application and quote in time to meet the deadlines outlined in Step 3, you may contact us by phone or email as outlined on this notice.**

**Step 3: If you choose to obtain coverage, you must submit the application and premium to us within 60 days from the date your employer representative has signed this notice.**

\_\_\_\_\_  
**Employee Signature (required)**

\_\_\_\_\_  
**Date**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). © 2021 The Hartford