



From: Mark Levine, Co-Director

Re: Dental COBRA Notification Packet

You have become eligible under COBRA. The enclosed material will explain the circumstances of this as well as the options and rights available to you and your covered dependents. The timeline pertaining to your response is also explained. Enclosed please find:

- 1) COBRA Notice
- 2) Acknowledgment of Receipt of Notification of COBRA Rights
- 3) COBRA Election Form
- 4) Request for Continuation of Coverage (From Member) from our health plan
- 5) California Notice to Terminating Employees
- 6) Federal Continuation Law (COBRA) Checklist
- 7) COBRA rates

Sorry about all the forms, our governmental bureaucracy requires them.

- If you **are** electing COBRA you **MUST** return the Acknowledgment of Receipt of Notification of COBRA Rights, the COBRA Election Form and the Request for Continuation of Coverage (From Member). On the Request for Continuation of Coverage (From Member) form, complete Step 3 carefully, listing all currently covered dependents that will continue to be covered. Please also note that Kaiser gives you the option of converting to a Kaiser individual plan. The benefits and premiums for this are different from COBRA continuation. Please carefully review Kaiser's literature on Conversion to Individual Plans.
- If you **are NOT** electing COBRA you **MUST** return the Acknowledgment of Receipt of Notification of COBRA Rights and the COBRA Election Form.

Return of these forms is necessary and is not optional.

Please call if you have questions or need help completing the forms.

Sent with Certificate of Mailing PS Form 3817

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