

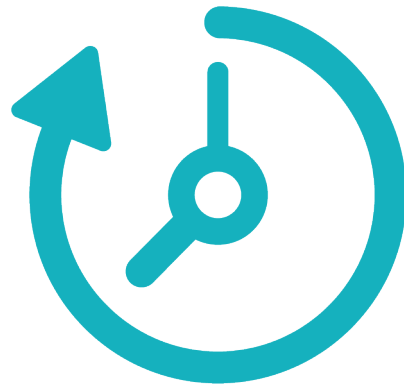


Consolidated Omnibus Budget Reconciliation Act
COBRA
Faculty Voluntary Retirement Incentive Program (FVRIP)

Your tomorrow, today.

Savings and Spending Accounts • Benefit Continuation Services • Plan Document Services • FMLA

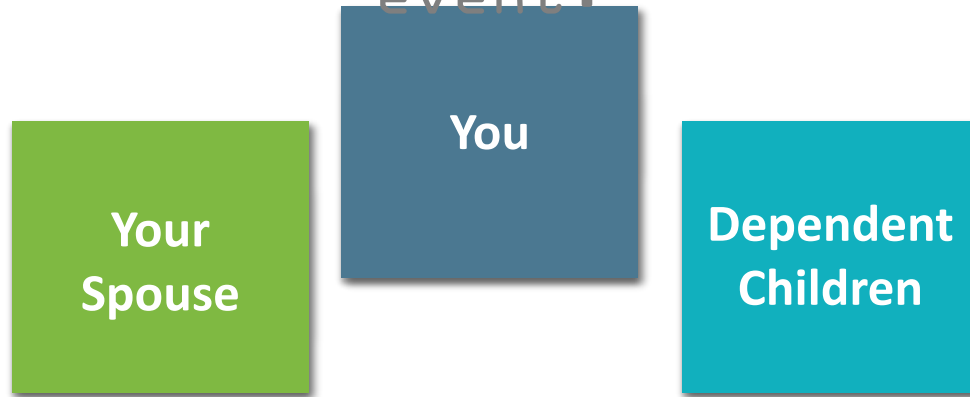
What is COBRA?



The right to continue your health insurance coverage after you become ineligible for your employer provided coverage.

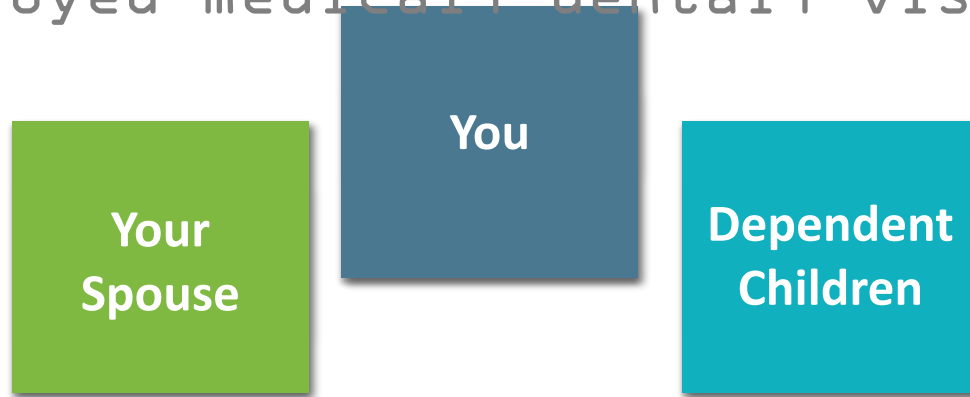
Who is a Qualified Beneficiary?

Someone who was covered under the plan immediately prior to the qualifying event.



How is This Plan Different From my Employee Coverage?

Your insurance coverage is the same coverage you had while you were employed medical, dental, vision.



The only difference is you will now pay 50% of the cost of the premium.

How Long Can You Continue Your COBRA Coverage?

Faculty Voluntary Retirement Incentive Program (FVRIP) participants are able to continue their COBRA coverage for 18 months.



There are no extension periods for your COBRA coverage (see page 2 or your election form.)

COBRA Continuation

We will send your election form after we receive your information from
Wright State University

Retirement Date: June 30, 2020 or July 31, 2020 (with approved summer teaching)

COBRA Continuation Date Begins on July 1, 2020 or August 1, 2020

Receiving your
packet could
take up to 30
days

You have up to
60 days to
elect COBRA

Your entire
opening
premium
payment
must be paid
within 45
days from
enrollment
date

Premiums
must be paid
in full within
30 days and on
time to keep
your coverage
current and in
place

Wright State University will provide a subsidy of
50% of your premiums (see 2020 FVRIP Guide Booklet)



How Do I Make an Initial Election?

Complete the election form
Mail or Email in your signed elections



6867 Cintas Blvd. Mason, OH 45040
COBRA@chard-snyder.com

Or

Create your Chard Snyder Online Account
and make your election



Chard Snyder Website
www.chard-snyder.com

You have 60 Days to Make an Election

How Do I Make My Payments?

All Premium payments are to made payable
to Chard Snyder



Mail: 6867 Cintas Blvd.
Mason, OH 45040
Phone: 888.993.4646

Log into your Chard Snyder Online Account
and make your payment

Or



Chard Snyder Website
www.chard-snyder.com

Rates & HRA

For information on your
medical costs and the HRA
plan please see your
2020 FVRIP Guide



What are My Next Steps?

Ways to make an election

**Complete the election form
Mail or Email
in your signed elections
or**

Log into your Chard Snyder Online Account and make your election then

Make your premium payment either online or mail in the payment

Your entire opening premium payment must be paid within 45 days from enrollment date

Election Form

Wright State University
COBRA Election Notice
Page 9 of 9

COBRA Election Form for:

Qualifying Event Date: 01/31/2020 **Last date of Coverage:** 01/31/2020 **Deadline for Election:** 03/31/2020

Note: This form can be duplicated as needed if individual qualified beneficiaries are exercising their independent election rights. Unless the Qualified Beneficiary electing coverage specifically indicates self-only coverage, it will be assumed that the qualified beneficiary is choosing coverage for all other qualified beneficiaries.)

_____	_____
Coverage Type	Tier Type
Individual Electing under COBRA	Others covered under this election
_____	_____
Coverage Type	Tier Type
Individual Electing under COBRA	Others covered under this election
_____	_____
Coverage Type	Tier Type
Individual Electing under COBRA	Others covered under this election
_____	_____
Coverage Type	Tier Type
Individual Electing under COBRA	Others covered under this election

Statement of Understanding and Election: I have read and understand the COBRA Election Notice, which was sent to me along with this election form. I elect to continue coverage for the persons and plans I have indicated above pursuant to COBRA provisions.

Signature of Individual Electing COBRA Coverage: _____ Date _____

Contact Information - Phone: _____ E-mail: _____

Return this Election form and the appropriate insurance company forms (if applicable) to:

Chard Snyder
6967 Cintas Blvd
Mason, OH 45040

Premium Payments: You may enclose your initial premium with your election to continue coverage. (See pages 3 and 6 of your notice for information regarding premiums.) If you choose to do so, make your check or money order payable to Chard Snyder & Associates. **NOTE: Until you pay your back premiums you have NO COVERAGE.**

This section for Office Use only

Date Processed: _____ Processed by: _____

Verification Date: _____ Verified by: _____

Sample form that you will receive in your COBRA packet that is mailed to you once we have your information from Wright State University. If you are electing COBRA please fill out and return

“Hello, this is Chard Snyder. **How May We Help You?**”

We want to help you get the most out of your benefit.



Customer Service

Live Chat | 888.993.4646 | COBRA@chard-snyder.com



www.chard-snyder.com