

Frequently Asked Questions Regarding Your Health Coverage

Este documento trata sobre beneficios muy importantes de la ley COBRA para usted.

Para ayuda en español llamar al (800) 877-7994, opcion # 2.

What is COBRA?

COBRA is a Federal Law offering an opportunity to temporarily continue the same group benefits after your group coverage has terminated for certain reasons.

Who is Ceridian?

Ceridian is a COBRA administrator for participating employers and carriers. Ceridian assists participating employers and carriers in complying with the Federal COBRA guidelines in regard to their group health plans. Ceridian is not an insurance company.

What if I am on Medicare right now?

If your Medicare coverage was in effect prior to electing COBRA, then you may continue both coverages.

When does COBRA coverage become effective?

COBRA is effective one day after your benefits termination date, pending the receipt of a timely election and payment.

How long will COBRA continue?

The length of your COBRA continuation coverage (18, 29, or 36 months) will depend on the Qualifying Event which is further defined in the "Additional Information" on the next pages as long as continued eligibility requirements are met. However, in most cases, if applicable, your Flexible (Healthcare) Spending Account will end on the last day of the Plan year in which the qualifying event occurred.

When will my insurance companies show me active for benefits?

Once Ceridian receives and processes your election and full payment, Ceridian will then forward your information. Your insurance company will update your eligibility which may take up to 30 days from receipt of the payment.

What if I need medical services before my coverage is effective?

You may be required to pay for services out of pocket during your re-enrollment period. If so, you may contact your insurance company for possible reimbursement procedures once your coverage is effective.

Who pays for claims incurred?

Your insurance company, i.e. Blue Cross Blue Shield, CIGNA, United Healthcare, etc. Ceridian is not an insurance company and does not pay claims.

How do I get my claims paid?

You must submit any claims directly to your insurance company. Claims incurred can only be paid if you have timely made your COBRA premium payments through the period in which services were rendered.

Will my coverage change?

You will be offered the same coverage you had the day

Will my coverage change? (Cont.)

before you lost your benefits, subject to changes made to the group health plan for employees who have not had a qualifying event.

Will I receive new insurance cards?

You may need a new card if you are a dependent losing coverage. You will need to contact your insurance company for additional cards. Ceridian does not issue insurance cards.

How can I elect COBRA?

You can elect by the attached form, automated phone system, or Web site. For details, please see page titled "You Have Options."

What is a timely payment?

Payments must be postmarked by the U.S. Postal Service on or before the applicable grace date noted on your invoice. If your payment is not postmarked by the applicable grace date, coverage will be cancelled with no avenue for reinstatement.

Why do I have a "Due" date and a "Grace" date?

Federal law allows you a grace period following your due date to make your payment. If you make a payment later than the first day of the coverage period to which it applies, but before the grace date for the coverage period, your coverage under the Plan may 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.

What if I do not receive an invoice?

Even if you do not receive an invoice, you are responsible for making your payment by the grace date. If the invoice is not available, simply send your payment to Ceridian with your Account ID#/Social Security Number noted on the check.

How do I make my payments?

Ceridian accepts personal checks, money orders, or cashier checks by mail. No cash or credit card payments will be accepted.

What is alternative coverage?

Your sponsoring employer may provide you with a right to elect alternative group health coverage for a period of time instead of the COBRA continuation coverage described in this Notice. If you elect this alternative coverage, you will lose all rights to the continuation coverage described in this Notice. You should also note that if you enroll in the alternative group health coverage you lose your right under federal law to purchase individual health insurance that does not impose any pre-existing condition limitations when your alternative group health coverage ends. Please review your options carefully before making your final decision.

Please refer to the "Additional Information" on the next two pages for more detailed answers about COBRA.



ADDITIONAL INFORMATION TO ACCOMPANY ENCLOSED IMPORTANT NOTICE CONCERNING COVERAGE CONTINUATION RIGHTS (COBRA)

Este documento trata sobre beneficios muy importantes de la ley COBRA para usted. Para ayuda en español llamar al (800) 877-7994, opcion # 2.

A) What is continuation coverage?

Federal law [Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)], as amended, requires that most group health plans (including this Plan) give employees and their families the opportunity to temporarily continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee (or retired employee) covered under the group health plan, the covered employee's spouse, and the dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including, if applicable, open enrollment and special enrollment rights.

IMPORTANT: If a qualified beneficiary elects to continue coverage for himself/herself and/or any dependent children who are qualified beneficiaries as described in Section B below, you can ELECT BY NET, ELECT BY PHONE, or send the COBRA Election Form included in this package. If you send the Election Form, it must be completed, signed, and sent to Ceridian, at the address provided on the Form, within 60 days of the date coverage terminates or the date of the enclosed "Important Notice," whichever is later, and received by Ceridian. If a qualified beneficiary does not Elect by Net, Elect by Phone or send the Election Form to Ceridian within the 60-day time period allowed by Law, the qualified beneficiary will lose rights to continue coverage.

Note 1: If you are acting on behalf of an incompetent beneficiary, call Ceridian for assistance.

Note 2: Some states offer financial aid to help certain individuals pay for COBRA coverage. Contact your appropriate state agency regarding availability and eligibility requirements.

B) Who is a Qualified Beneficiary?

A qualified beneficiary is any employee, former employee, spouse, or dependent child who was covered under the Plan on the day before the Qualifying Event date shown on the enclosed "Important Notice." The definition includes a child born to or placed for adoption with a covered employee during the period of COBRA coverage. A child of the covered employee who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during the covered employee's period of employment with the employer is entitled to the same rights under COBRA as a dependent child of the covered employee, regardless of whether that child would otherwise be considered a dependent.

C) What is a Qualifying Event?

A Qualifying Event is any of the following events which would cause an employee, former employee, covered spouse, or covered dependent child to lose coverage under the employer's group health plan. These events include:

- (1) Termination of employment (including voluntary resignation, involuntary termination, retirement, or layoff) except for termination due to gross misconduct;
- (2) Reduction of work hours (includes work stoppage [strike] or employee begins leave of absence);
- (3) Death of the employee or retired employee;
- (4) Divorce or legal separation from covered employee; If an employee cancels coverage for his or her spouse in anticipation of a divorce [or legal separation,] and a divorce [or legal separation] later occurs, then the divorce [or legal separation] may be considered a qualifying event even though the ex-spouse lost coverage earlier. If the ex-spouse notifies the administrator within 60 days after the divorce [or legal separation] and can establish that the employee canceled the coverage earlier in anticipation of the divorce [or legal separation], then COBRA coverage may be available for the period after the divorce [or legal separation].
- (5) Ineligibility of dependent child, due to Plan eligibility definitions;
- (6) When dependents would lose coverage due to employee/retiree becoming entitled to Medicare;
- (7) When a retiree, spouse or child of a retiree loses coverage within one year before or after the commencement of proceedings under Title 11 (bankruptcy), United States Code by the sponsoring employer.

D) How long may coverage be continued?

When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. However, if the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified

beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his/her employment terminates, COBRA continuation coverage for his/her spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

There are two ways in which an 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of continuation coverage

If you or any other qualified beneficiary in your family who is receiving 18 months of continuation coverage is determined by the Social Security Administration to be disabled and you notify Ceridian in writing in a timely fashion, you and your entire family may be entitled to receive an additional 11 months of COBRA continuation coverage for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. The qualified beneficiary must provide the written determination of disability from the Social Security Administration to Ceridian within 60 days of the latest of the date of the disability determination by the Social Security Administration, the date of the initial qualifying event or the benefit termination date due to the initial qualifying event; and prior to the end of the 18-month COBRA continuation period. You will be required to pay up to 150% of the group rate during the 11-month extension. If the qualified beneficiary is determined by the Social Security Administration to no longer be disabled, you must notify Ceridian of that fact within 30 days after Social Security's determination.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given in writing to Ceridian within the later of 60 days of either the event or the date the qualified beneficiary loses (or would lose) coverage under the plan as a result of the event. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

However, despite the above, continuation coverage will end earlier than the expiration of the applicable 18, 29 or 36 month period if any one of the following occurs: The continuant fails to pay the required premium in a timely manner; the continuant becomes entitled to Medicare (under Part A, Part B, or both) after electing continuation coverage; the group health coverage provided to the continuant is terminated and the sponsoring employer is not required by COBRA to provide other group health coverage that it maintains, if any; the continuant first becomes, after electing COBRA coverage, covered under another group health plan (as an employee or otherwise) which does not contain any exclusion or limitation with respect to any pre-existing condition of the continuant. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

You do not have to prove insurability to be entitled to continuation coverage. However, continuation coverage is provided subject to your (and your family members') eligibility for coverage under the Plan. Your sponsoring employer and the insurer(s) (if applicable) reserve the right to terminate continuation coverage retroactively if you (or a member of your family) are determined to be ineligible for coverage. Once your continuation coverage terminates for any reason, it cannot be reinstated.

E) What coverage(s) may be continued?

Qualified beneficiaries may continue only those group health coverages that were in effect on the day before the Qualifying Event. The coverage(s) available is(are) shown on the enclosed "Important Notice."

F) What is a Timely Election?

To be considered timely, your election must be either:

- (1) Successfully processed using ELECT BY NET or ELECT BY PHONE on or before the Election Rights Expiration Date shown on the enclosed "Important Notice," or
- (2) Postmarked by the U.S. Postal Service on or before the Election Rights Expiration Date shown on the enclosed "Important Notice," and received by Ceridian, or
- (3) Sent by an Express Delivery Service (such as Federal Express, UPS, etc.) with proof of date sent from that service on or before the Election Rights Expiration Date shown on the enclosed "Important Notice," and received by Ceridian, or

**ADDITIONAL INFORMATION TO ACCOMPANY ENCLOSED IMPORTANT NOTICE
CONCERNING COVERAGE CONTINUATION RIGHTS (COBRA)**

(Continued)

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(4) Delivered in person to a Ceridian representative during normal business hours at its offices on or before the Election Rights Expiration Date shown on the enclosed "Important Notice".

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee's spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

G) How much does it cost to continue coverage?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage. The required payment for each continuation coverage period for each option is described in the "Important Notice." The amount charged for continuation coverage may be adjusted due to changes in coverage. In addition, even in the absence of any changes in coverage, amounts charged for continuation coverage may change on a yearly basis or as otherwise permitted by applicable law.

The Trade Act of 2002 created a new tax credit for certain individuals who become eligible for trade adjustment assistance and for certain retired employees who are receiving pension payments from the Pension Benefit Guaranty Corporation (PBGC) (eligible individuals). Under the new tax provisions, eligible individuals can either take a tax credit or get advance payment of 65% of premiums paid for qualified health insurance, including continuation coverage. If you have questions about these new tax provisions, you may call the Health Coverage Tax Credit Customer Contact Center toll-free at 1-866-628-4282 (TTD/TTY callers may call toll-free at 1-866-626-4282) or go to this Web site: <http://www.irs.ustreas.gov> **Keyword: HCTC**

H) When does COBRA continuation coverage begin?

Continuation coverage begins on the day after the date that coverage would otherwise terminate, only if the election is timely made, and all other eligibility requirements are satisfied.

I) When are premium payments due?

If you elect continuation coverage, you do not have to send any payment with the Election Form. However, you must make your first payment for continuation coverage not later than 45 days after the date of your election (this means within 45 days after the date your Election Form is postmarked, if mailed). Upon receipt of your election by Ceridian, you will be billed for the first payment for continuation coverage, which is the amount due from the date your group health benefits terminated through the current month. If you do not pay that amount in full within 45 days after the date of your election, you will lose all continuation coverage rights under the Plan and your coverage will terminate. You are responsible for making sure that the amount of your first payment is correct. You may contact Ceridian to confirm the correct amount of your payment.

After you make your first payment for continuation coverage, you will be required to make monthly payments for each subsequent coverage period. The monthly invoice indicates a grace period measured from the due date for each monthly premium during which payment may be made. The grace period is defined by the group health plan (usually 30 days). As noted, Ceridian will send monthly invoices for each coverage period. However, remember that you are responsible for paying the full premium on time even if you do not get an invoice. If you make a periodic payment on or before the first day of the coverage period to which it applies (the due date), your coverage under the Plan will continue for that coverage period without any break. Although periodic

payments are due on the first day of each coverage period, you will be given a grace period (usually 30 days) to make each periodic payment. The grace period is defined by the group health plan. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, 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 under the Plan may 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.

Your first payment and all periodic payments for continuation coverage should be made payable to "Ceridian COBRA Services" and should be sent to Ceridian. Include the name and Acct ID#/Social Security Number of the person covered on each check. Monthly invoices are sent approximately 10 days before the premium due date. If full payment is not timely made (see below) on or before each grace period expiration date, coverage will be cancelled and you will lose all rights to continuation coverage under the Plan. If you wish to send a check with your election, please ensure the check is signed, properly dated, made payable to "Ceridian COBRA Services", and written in the total amount required to fully pay your first premium (as described above).

J) What is a Timely Payment?

To be considered a timely payment, your premium payment must be either:

- (1) postmarked by the U.S. Postal Service on or before the applicable grace period expiration date, and received by Ceridian, or
- (2) sent by an express delivery service (such as Federal Express, UPS, etc.) — with proof of date sent from that service on or before the applicable grace period expiration date, and received by Ceridian, or
- (3) Delivered in person to a Ceridian representative during normal business hours at its offices on or before the grace period expiration date.

Late payments cannot be accepted and will be returned, resulting in cancellation of your coverage with no possibility for reinstatement.

Note 3: Your premium is due on the "due date" shown on your invoice. If you wait until the end of the grace period to pay, you risk not having sufficient time to correct errors which may or may not be within your control (such as unsigned checks, incorrect payment amounts, premiums sent to the wrong address, or late/missed pickups by the U.S. Postal Service). In such cases, your coverage will be cancelled with no possibility of reinstatement. For these reasons, we recommend that you send in your premium payment(s) prior to the "due date."

K) When will claims become payable?

Claims become payable for each period of coverage only after a premium payment for the coverage period has been made. Claims payment may be delayed and prescription cards not reactivated for a period of up to 30 days because of the time required to process your initial premium payments by Ceridian and to notify both your sponsoring employer and your group insurance carrier(s).

DO NOT SEND CLAIMS TO CERIDIAN. Ceridian does not pay claims. If you have any questions about claims incurred within 30 days of receipt of your initial premium payment, please contact your sponsoring employer. Otherwise, contact the claims office indicated on your claims form. If premium payments are not made in a timely manner, coverage will be cancelled retroactively, and claims incurred during the period for which premiums were not paid will not be paid by the carrier.

L) For More Information

This notice does not 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 concerning your COBRA continuation coverage rights or information in this Notice, contact Ceridian at the address or number listed below. For a copy of your summary plan description, or if you have questions concerning your Plan, contact the Plan Administrator of your sponsoring employer.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA Web site at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's Web site.)

M) Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator and Ceridian informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to either the Plan Administrator or Ceridian.

You Have Options...

Questions? Call Ceridian at:
800-877-7994

Option #1 - ELECT BY NET

- Log onto our Web site at www.ceridian-benefits.com
- Enter your Social Security Number (SSN) as your login name.
- Enter the last 4 digits of your SSN backwards as your pin.
- Follow the easy instructions.

IMPORTANT:
Do Not Submit the enclosed Election Form if you ELECT BY NET or ELECT BY PHONE.

Option #2 - ELECT BY PHONE 800-877-7994

If you do not have access to a computer or wish to avoid completing the accompanying COBRA Election Form, you may call... and Elect By Phone!

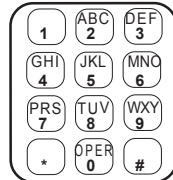
During the Election Process... you may be prompted to provide dependent information using the Two-Key method as described below:

- Press two keys for each letter of the first name. The first key is the letter you wish to enter.

Take a moment to list your dependents and their keypad equivalents before you call:

Name	J	O	N	
Keypad	5	1	6	3 6 2
Name	_____			
Keypad	_____			
Name	_____			
Keypad	_____			

TWO-KEY ENTRY



Example: Mary needs to continue coverage for her son, Jon, as a dependent in her health care coverage.

For the letter J; 51
for the letter O; 63
for the letter N; 62
end with the # key....#

KEYPAD CHART

A = 21	N = 62
B = 22	O = 63
C = 23	P = 71
D = 31	Q = 01
E = 32	R = 72
F = 33	S = 73
G = 41	T = 81
H = 42	U = 82
I = 43	V = 83
J = 51	W = 91
K = 52	X = 92
L = 53	Y = 93
M = 61	Z = 02

space	= 11
hyphen	= 12
apostrophe	= 13

Please Note:
Two numbers must be entered for each letter.

Option #3 - ELECT BY PAPER (Form)

Please complete the form on the next page to "Elect By Paper."
Mail the form to the address indicated on the election form.

ADDITIONAL INFORMATION: Following are a few additional details regarding ELECT BY NET and ELECT BY PHONE ...

- ELECT BY NET requires either Microsoft Internet Explorer software, version 5.0 or higher or Netscape 6.0 or higher
- ELECT BY NET and ELECT BY PHONE have been programmed to NOT accept an election within 2 days of the COBRA election expiration date.

If you are within 2 days of the COBRA expiration date, you must fill out and mail in your Election form.
- ELECT BY PHONE requires that you currently reside at the same address as shown on the COBRA Notification letter and you want exactly the same coverage(s) for the same covered dependents that were in effect the day before your Qualifying Event.
- This same coverage includes Flexible Spending Account, if you have one.
- There are a few other rare instances when ELECT BY NET and ELECT BY PHONE may direct you to fill out and send in your Election Form.
- Even if your election by the internet or telephone is successful, we recommend you keep your COBRA Election Form until you receive an invoice (approximately 3-5 days) confirming your election.
- For your own security, we recommend changing your password as soon as you have logged into the ELECT BY NET system.



IMPORTANT! If you used *ELECT BY NET* or *ELECT BY PHONE* to continue your coverage, **DO NOT** send this form.

CS-205/11/04D

CONTINUATION OF GROUP HEALTH COVERAGE ELECTION AGREEMENT (COBRA)

<p>SECTION 1: INDIVIDUAL'S DATA</p> <ul style="list-style-type: none"> Please print or type clearly. You will need the enclosed "Important Notice" to complete specific sections of this form (# 8, #10). If you do not make a selection in #10, your coverage will default to the Plan as offered. If you need help acting on behalf of an incompetent Beneficiary, contact Ceridian at 800/877-7994. 	<p>10) IMPORTANT! Fill in Plan Code(s) corresponding to the COBRA continuation coverage elected. Note: Plan Code(s) must be entered exactly as they appear on your "Important Notice."</p> <p>Plan Code(s) Elected: _____ If you do not make a coverage selection, your coverage will default to the Plan as offered.</p>
<p>1) Name of Individual for whom this Coverage applies</p>	<p>11) If applicable, are you electing to continue a FSA (Flexible Spending Account)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>2) Gender (check one) <input type="checkbox"/> (M)ale <input type="checkbox"/> (F)emale</p>	<p>SECTION 2: DEPENDENT'S DATA To continue to cover individual's previously covered eligible dependents, complete this section. This information is necessary for issuance of a <i>Certificate of Creditable Coverage</i>. List only the dependents who were covered on the group health plan and wish to continue to be covered. If dependent(s) wish to make independent elections, they must complete a separate election form.</p> <p>Dependent Name: (last, first, mi) _____</p> <p>Gender: <input type="checkbox"/> (M)ale <input type="checkbox"/> (F)emale</p> <p>Social Security Number: [][][]-[][]-[][][][][]</p> <p>Date of Birth: [][][][][][][][] <small>M M D D Y Y Y Y</small></p> <p>Relationship to Individual: <input type="checkbox"/> (S)pouse <input type="checkbox"/> (C)hild</p> <p>Dependent Name: (last, first, mi) _____</p> <p>Gender: <input type="checkbox"/> (M)ale <input type="checkbox"/> (F)emale</p> <p>Social Security Number: [][][]-[][]-[][][][][]</p> <p>Date of Birth: [][][][][][][][] <small>M M D D Y Y Y Y</small></p> <p>Relationship to Individual: <input type="checkbox"/> (S)pouse <input type="checkbox"/> (C)hild</p> <p>Dependent Name: (last, first, mi) _____</p> <p>Gender: <input type="checkbox"/> (M)ale <input type="checkbox"/> (F)emale</p> <p>Social Security Number: [][][]-[][]-[][][][][]</p> <p>Date of Birth: [][][][][][][][] <small>M M D D Y Y Y Y</small></p> <p>Relationship to Individual: <input type="checkbox"/> (S)pouse <input type="checkbox"/> (C)hild</p> <p>Dependent Name: (last, first, mi) _____</p> <p>Gender: <input type="checkbox"/> (M)ale <input type="checkbox"/> (F)emale</p> <p>Social Security Number: [][][]-[][]-[][][][][]</p> <p>Date of Birth: [][][][][][][][] <small>M M D D Y Y Y Y</small></p> <p>Relationship to Individual: <input type="checkbox"/> (S)pouse <input type="checkbox"/> (C)hild</p>
<p>3) Social Security Number [][][]-[][]-[][][][][]</p>	
<p>4) Date of Birth (month, day, year) [][][][][][][][] <small>M M D D Y Y Y Y</small></p>	
<p>5a) Individual's Mailing Address (include apartment number if applicable)</p>	
<p>5b) City</p>	
<p>5c) State</p>	
<p>5d) Zip Code</p>	
<p>6) Individual's daytime telephone number (include Area Code) [][][]-[][][]-[][][][][]</p>	
<p>7) Relationship to employee/former employee (check one) <input type="checkbox"/> (S)elf <input type="checkbox"/> (Sp)ouse/former spouse <input type="checkbox"/> (D)ependent child/former dependent child</p>	
<p>8) Name of Company (sponsoring employer/former employer) from which this continued coverage is being obtained exactly as it appears on your "Important Notice."</p>	
<p>9) If individual is a dependent, fill in employee's/former employee's name and Social Security Number. Name (last, first, mi) _____ Employee SSN [][][]-[][]-[][][][][]</p>	

SECTION 3: INDIVIDUAL'S AUTHORIZATION

I authorize the benefit election I have indicated above. I certify that I am electing only those coverages that were in effect on the day before the Qualifying Event, and that I understand that I will no longer be eligible for COBRA continuation coverage if I become entitled to Medicare, or become covered under another group insurance plan that does not contain a limitation or exclusion due to a preexisting condition. I agree to remit the full current premium to Ceridian by the specified due dates, and I understand that coverage will be cancelled if timely remittance of premiums is not made, and that reinstatement of coverage is not available if coverage is cancelled for non-payment of premium. I further understand that Ceridian will bill monthly and this bill is for my convenience only and that I am responsible for timely payment regardless of whether or not I have received a bill. I agree to notify Ceridian in writing of any change regarding address, eligibility, dependent status or disability status. Finally, I certify that the above statements are complete and accurate to the best of my knowledge and that I have read the additional information sheet attached to this form.

Individual's Signature	Date
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IMPORTANT:
 This form must be sent within 60 days of the date of coverage termination or the date of the enclosed **"Important Notice,"** whichever is later. The first premium payment is due within 45 days of the date this election form is sent. However, claims will not be paid until premium payment is received. If you choose to send a payment with this Election Agreement, please make your check payable to "Ceridian COBRA Services."
MAILING INSTRUCTIONS: DO NOT MAIL IF YOU HAVE ELECTED BY NET OR ELECTED BY PHONE
 Mail completed form to: **Ceridian COBRA Services Center • P.O. Box 534066 • St. Petersburg, Florida 33747-4066**