

N.J. Disability Continuation pursuant to N.J. Statute 17B:27-51.12 effective 4-9-1982

(enter the date of the notice)

Dear: (Identify the qualified beneficiary by name)

This notice contains important information about your right to continue your health care coverage including dental, vision and prescription (if applicable) with (enter the group health plan carrier name). Please read this notice very carefully.

You and any covered dependent(s) are eligible to continue if you have been covered under our health plan for at least three (3) consecutive months and satisfy the state definition of totally disabled in the context of this law. "Total Disability" exists while the member (1) is not engaged in any gainful occupation, and (2) is completely unable, due to sickness or injury or both, to engage in any and every gainful occupation for which the person is reasonably fitted by education, training or experience.

To elect coverage you must complete the Election below along with a statement of health regarding the condition and current status from the Attending Physician. (Employer: carriers may require their own form for this purpose as well). Please submit to us no later than 31 days from your last day of employment along with the first months premium in advance which is the total premium being charged by (carrier name) which is (amount) . This is payable on a monthly basis in advance. If we do not hear from you your coverage will end (enter the last date of coverage).

Your coverage will terminate:

- (1) for failure to make timely and full premium payment to us.
- (2) the date you become employed and eligible for group benefits.
- (3) the date this group policy terminates.

ELECTION FORM:

I (we) elect to continue in the (plan name / carrier) as indicated below:

NAME	DATE OF BIRTH	ID NUMBER	RELATION TO EMPLOYEE
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If you are electing coverage, please complete and return the attached enrollment form.

_____ I **do not wish** to continue my health coverage.

Signature

Date

Address _____ Phone Number _____

This information should not be used as a substitute for consultation with professional accounting, tax, legal or other competent advisers.

Savoy 2020