

**Notice Of Disability**

University of Michigan Group Health Plan (the Plan)

**BTT Use Only**

Event Date \_\_\_\_\_

Input Elections \_\_\_\_\_

**INSTRUCTIONS**

This form (including the Procedures for Notice of Disability described on the second page of this form) is part of the Plan's COBRA Election Notice (for 18-month qualifying events). To obtain more information about this form, the Plan's notice procedures, and your COBRA rights and obligations, refer to your Initial COBRA Notice, your COBRA Election Notice or contact the Shared Services Center.

**When to Use This Form**

If a qualified beneficiary is determined by the Social Security Administration to be disabled and proper notification is provided to the University of Michigan, in a timely fashion, all of the qualified beneficiaries in your family may be entitled to receive up to an additional 11 months of COBRA coverage, for a total maximum of 29 months. A disability extension may be elected independently for each qualified beneficiary (not just the covered employee.) Use this form when the Social Security Administration has determined that a qualified beneficiary was disabled on any day of the first 60 days following a qualifying event that was the covered employee's termination of employment or reduction of hours. (Note: If the Social Security Administration made the disability determination before the covered employee's termination of employment or reduction of hours, you may still use this form to report the earlier disability determination, so long as the qualified beneficiary remains disabled and you provide this Notice of Disability by the deadline described below.)

**Deadline**

The deadline for providing this Notice of Disability is 60 days after the latest of (1) the date of the Social Security Administration's disability determination; (2) the date of the covered employee's termination of employment or reduction of hours; or (3) the date on which the qualified beneficiary would lose coverage under the terms of the Plan as a result of the termination of employment or reduction of hours. Your Notice of Disability must also be provided within 18 months after the covered employee's termination of employment or reduction of hours.

**Notice Procedures**

You must follow the Procedures for Notice of Disability described on the second page of this form. Please print all information in **black** ink.

**COBRA Costs When Coverage is Extended Due to Disability**

The amount a qualified beneficiary is required to pay in the case of an extension of COBRA coverage due to a disability, is 150 percent of the cost of the full premium. The increased cost applies to premiums between the 19th and 29th months of continuation coverage. Please review the Costs for COBRA Coverage under Disability Extension section on the reverse side of this form for additional information.

**Warning:**

**If your notice is late, or if it is not completed and provided to the University of Michigan as described in the Procedures for Notice of Disability on the second page of this form, no extended COBRA coverage will be available to any qualified beneficiary.**

**1. Identify the Covered Faculty or Staff Member** *(the employee who is or was covered under the Plan)*

Name ( Last, First, Middle Initial)		UMID (if known)	U.S. Social Security Number (if UMID unknown)
Street Address		City, State, Zip	Home Phone Number

**2. Identify the Disabled Qualified Beneficiary**

Name ( Last, First, Middle Initial)		Date of Birth	U.S. Social Security Number
<input type="checkbox"/> Check if address is same as above.	Street Address	City, State, Zip	Home Phone Number
<b>Social Security Administration's (SSA) Determination</b>			
Date of SSA's Determination of Disability:		Is a copy of the SSA's determination enclosed with this notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the SSA subsequently determined that the qualified beneficiary is no longer disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, as of what date:
Date that disabled qualified beneficiary became disabled (according to SSA determination):			
Is the disabled qualified beneficiary covered under Medicare Parts A or Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Part A Effective Date: _____ Part B Effective Date: _____	

**3. Certification and Signature**

I have read and agree to the terms and conditions listed on the back of this form. The information provided above is correct to the best of my knowledge.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date Signed

# Procedures for Notice of Disability

## How to Provide Notice of Disability

You may return this notice to SSC Benefits Transactions by faxing it to the number listed at the bottom of this page, or by mail or hand delivery at one of the locations listed at the bottom of this page.

## Your Notice Must be in Writing using this Form

Oral notice, including notice by telephone, is not acceptable. Electronic (e-mailed) notices are not acceptable. If mailed, your notice must be postmarked no later than the deadline described on the first page of this Notice of Disability form. If faxed or hand-delivered, your notice must be received no later than the deadline described on the first page of this form.

## Required Form and Information for Notice of Disability

You must use this form of Notice of Disability to notify the University of Michigan of a qualified beneficiary's disability, and all of the applicable items on the form must be completed.

Your Notice of Disability must include a copy of the Social Security Administration's determination of disability.

## Who May Provide Notice of Disability

The covered employee (i.e., the employee or former employee who is or was covered under the Plan), a qualified beneficiary who lost coverage due to the covered employee's termination or reduction of hours and is still receiving COBRA coverage, or a representative acting on behalf of either may provide the notice. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who may be entitled to an extension of the maximum COBRA coverage period due to the disability reported in the notice.

## Incomplete Notice of Disability

If a written notice is provided to the University of Michigan that does not contain all of the information and documentation required by these Procedures for Notice of Disability, such a notice will nevertheless be considered timely **if all of the following conditions are met:**

- the notice is mailed, faxed or hand-delivered as described above;
- the notice is provided by the deadline described on the first page of this form;
- from the written notice provided, the University of Michigan is able to determine that the notice relates to the Plan and a qualified beneficiary's disability;

- from the written notice provided, the University of Michigan is able to identify the covered employee and qualified beneficiary(ies) and the date on which the covered employee's termination of employment or reduction of hours occurred; and
- the notice is supplemented in writing with the additional information and documentation necessary to meet the Plan's requirements (as described in these Procedures for Notice of Disability) within 15 business days after a written or oral request from the University of Michigan for more information (or, if later, by the deadline for this Notice of Disability described on the first page of this notice).

If any of these conditions is not met, the incomplete notice will be rejected and COBRA will not be extended. If all of these conditions are met, the Plan will treat the notice as having been provided on the date that the Plan receives all of the required information and documentation but will accept the notice as timely.

## Costs for COBRA Coverage under Disability Extension

If COBRA continuation coverage is extended due to a qualified beneficiary's disability, the cost of coverage for the 19th through 29th months of coverage under the disability extension will be:

- 150% of the full cost of coverage for all dependents participating in the same coverage option as the disabled qualified beneficiary; and
- 102% for any dependent participating in a different coverage option than the disabled qualified beneficiary.

If a second qualifying event occurs while a qualified beneficiary is receiving COBRA continuation for a disability, the rate for your dependents will depend on when the second qualifying event occurs:

- If a second qualifying event occurs during the first 18 months of coverage, then the 102% rate applies to the full 36 months, but
- If a second qualifying event occurs during the 19<sup>th</sup> through 29<sup>th</sup> month, then the rate for the 19<sup>th</sup> through 36<sup>th</sup> months of COBRA continuation is:
  - The 150% rate for all dependents participating in the same coverage option as the non-employee disabled qualified beneficiary.
  - The 102% rate for any family members in a different coverage option than the non-employee disabled qualified beneficiary.



HUMAN RESOURCES  
**BENEFITS OFFICE**  
UNIVERSITY OF MICHIGAN

### Questions?

If you have any questions, visit [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness), or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.) Monday through Friday from 8 a.m. to 5 p.m.

## How to Return Your Signed and Completed Form

### By Fax

**Fax it to 734-763-0363**

Keep a copy of the fax report with your form in your records

### By Mail

Make a copy for your records and send the original by **Campus Mail or U.S. Mail** to:

SSC Benefits Transactions  
Wolverine Tower  
3003 South State Street  
Ann Arbor, MI 48109-1276