

MEDICAL
COBRA PREMIUM NOTIFICATION
NOTICE OF PREMIUM CHANGE
2011

Initial Premium Notification

Available Coverages

	Premium			
	<u>Single</u>	<u>Emp/Child</u>	<u>Emp/Spos</u>	<u>Family</u>
Health Care (HMO Option)	<u>578.00</u>	1,040.00	1,214.00	1,734.00
Health Care (POS Option)	<u>562.00</u>	1,012.00	1,181.00	1,687.00

(You must now fund 102% of the amount previously funded.)

It is your responsibility to pay the total monthly premium by the first of each month by check or money order made payable to:

Bates College
Attn Ken Emerson
215 College Street
Lewiston, ME 04240

DENTAL
COBRA PREMIUM NOTIFICATION
NOTICE OF PREMIUM CHANGE
2011

Initial Premium Notification

	Premium			
	<u>Single</u>	<u>Emp/Child</u>	<u>Emp/Spos</u>	<u>Family</u>
Dental Insurance	<u>33.00</u>	<u>64.00</u>	<u>66.00</u>	<u>108.00</u>

(You must now fund 102% of the amount previously funded.)

It is your responsibility to pay the total monthly premium by the first of each month by check or money order made payable to:

Bates College
Attn Ken Emerson
215 College Street
Lewiston, ME 04240

The monthly payments are subject to change when our group insurance rates change -- usually once per year. These charges are equivalent to premium charges for other employees and dependents covered under our plan (plus allowable administrative charges). Your benefits will be identical to those of other employees and dependents covered by our plan, and are subject to change by plan amendment.

Please submit this form and the appropriate premium payment with the COBRA ELECTION AUTHORIZATION within 60 days of a qualifying event (or receipt of this notice) when electing continued coverage. However, you may defer your initial premium payment up to 45 days following the date you send the completed forms to our office. The deferred payment should include all premiums for the period beginning the date coverage would otherwise end through the date of payment.

Note: Premium payment for subsequent months of continued coverage is due on the first day of each month of coverage. It must be received in our office within 30 days of that due date, or your continued coverage will be subject to termination. There is no reinstatement of terminated coverage.