APPENDIX C – COBRA CONTINUATION COVERAGE

Introduction. This Appendix C describes the requirements of the Consolidated Omnibus Budget Reconciliation Act of 1986, as amended (“COBRA”), with respect to the group health features.

You, your spouse or domestic partner and each child covered by the group health features who suffers a qualifying event will be afforded the opportunity to purchase continuation coverage under COBRA in accordance with this Appendix C. Interpretation of this Appendix C will be guided by the intent of the University to comply fully with COBRA, applicable regulations and applicable judicial decisions under COBRA but not to provide any rights or benefits in excess of the minimum requirements of COBRA. This Appendix C overrides the COBRA policies of any insurer who has issued a contract under the group health features (whether or not incorporated into the insurance contract or insurance booklets), as well as the policies of any third-party administrator.

General COBRA notification. Within 90 days after you first becomes covered by the group health features, a copy of this Appendix C will be sent by mail to you at your home address. If your spouse or domestic partner has become covered by the group health features by the time this notice is sent to you, and if your spouse’s or domestic partner’s home address is the same as your home address, the notice will be addressed to you and your spouse or domestic partner.

If your spouse or domestic partner has not become covered by the group health features by the time when this notice is sent to you, or if your spouse’s or domestic partner’s home address is not the same as your home address, a separate copy of this Appendix C will be sent to your spouse or domestic partner at your spouse’s or domestic partner’s home address. If you are widowed or divorced and then remarry and add your new spouse or domestic partner to the group health features, a new copy of this notice will be sent to your new spouse or domestic partner.

As an exception, if a qualifying event occurs and the plan administrator is required to provide a COBRA election notice (as explained below) before the general COBRA notification is due, the general COBRA notification will be included with the COBRA election notice.

The plan administrator will keep proof of mailing of these notices. Alternatively, if the plan administrator chooses to use electronic transmission of documents, the plan administrator will keep a record of the transmission.

Qualifying events. Qualifying events are any of the following if the event causes a loss of coverage under the group health features. Even if coverage is not lost entirely, a loss of coverage will nevertheless be considered to occur if the resulting coverage is in any way inferior to, or more expensive than, that provided to similarly situated individuals who have not suffered a qualifying event.

An event is a qualifying event regardless of whether the loss of coverage occurs contemporaneously with the event or is delayed, as long as the loss of coverage will occur before the end of the maximum period of COBRA continuation coverage. The qualifying event is considered to occur when the event occurs, regardless of when coverage under the group health features is lost. Any extension of coverage at the University’s expense after such an event will be considered voluntary relief from the COBRA premium requirement rather than a postponement of the qualifying event.

Reduction in hours. Reduction in your hours for any reason, including, for example, layoff, leave of absence and reduction from full-time to part-time, is a qualifying event for you, your spouse or domestic partner if covered by the group health features at the time of the event and each child covered by the group health features at the time of the event.
Since a leave to which you are entitled under the FMLA does not result in loss of coverage under any group health features, such a leave does not constitute a qualifying event. If you fail to return to employment at the end of such a leave, however, the failure to return will cause a loss of coverage and so the failure to return will constitute a qualifying event which occurs at the end of the leave.

**Termination of employment.** Termination of your employment, whether voluntary or involuntary and including quit and retirement, is a qualifying event for you, your spouse or domestic partner if covered by the group health features at the time of the event and each child covered by the group health features at the time of the event, except that (i) termination of employment does not constitute a qualifying event with regard to coverage that was previously lost (or continued under COBRA) due to a reduction in hours and (ii) termination of employment by reason of your gross misconduct will not constitute a qualifying event for you, your spouse or domestic partner or your children.

**Death.** Your death is a qualifying event for your spouse or domestic partner if covered by the group health features at the time of the event and for each child covered by the group features at the time of the event.

**Divorce or dissolution of a registered domestic partnership.** Divorce is a qualifying event for your spouse if covered by the group health features at the time of the event and for each child covered by the group health features at the time of the event. This rule also applies to the dissolution of a registered domestic partnership.

**Medicare coverage.** Your becoming covered by Medicare (that is, actual coverage, not mere eligibility) is a qualifying event for your spouse or domestic partner if covered by the group health features at the time of the event and for each child covered by the group health features at the time of the event if such event causes of loss of coverage for such dependents.

**Cessation of eligible status.** A child’s cessation of eligible status (for example, by attaining age 26) is a qualifying event for the child if covered by the group health features at the time of the event.

Each person who is entitled to continuation coverage by reason of a qualifying event is referred to from this point forward as a “qualified beneficiary.” Only an individual who was actually covered by the group health features at the time of the qualifying event can be a qualified beneficiary, with two possible exceptions:

- Any reduction or elimination of coverage that is done in anticipation of the qualifying event will be disregarded. For example, if you drop your spouse or domestic partner from coverage in anticipation of the qualifying event, your spouse or domestic partner will still be considered covered at the time of the qualifying event.

- Children born to (or placed for adoption with) you during continuation coverage may become qualified beneficiaries as described in more detail below.

**Notice of qualifying event from employer to plan administrator.** The University will notify the plan administrator within 30 days after:

- your termination of employment (other than by reason of gross misconduct);

- a reduction in your hours that would result in a loss of coverage;
► your death; or

► your becoming covered by Medicare.

As an exception, if this Appendix C provides that the qualifying event will be considered to occur when you would otherwise lose coverage, the University will provide this notice within 30 days after you would otherwise lose coverage.

The notice will be sufficient to identify the group health features, the covered employee, the qualifying event and the date of the qualifying event. There is no requirement about how this notice will be given.

Notice of qualifying event from qualified beneficiary to plan administrator. You, your spouse or domestic partner or affected child (or a representative acting on your behalf) must notify the plan administrator of:

► divorce of you and your spouse, or dissolution of your registered domestic partnership; or

► the child’s ceasing to be an eligible dependent under the plan.

Notice by any one of you will be considered notice on behalf of all of you who are affected.

Except with respect to disability, the notice must be provided no later than 60 days after the event occurs (or coverage would otherwise be lost, if later). Any qualified beneficiary who claims extended continuation coverage by reason of being disabled during the 60 days after the original qualifying event must notify the plan administrator of the disability determination both within 60 days after receiving the Social Security determination and within the original 18-month period of continuation coverage. As an exception, if the Social Security Administration made the determination of disability before the original qualifying event, notice must be given within 60 days after the original qualifying event (or coverage would otherwise have been lost due to the original qualifying event, if later). A qualified beneficiary receiving extended continuation coverage due to disability must notify the plan administrator of any final determination that the person is no longer disabled and must do so within 30 days after receiving the determination.

In all cases, as an exception, if the plan administrator has not yet provided either the general COBRA notification or notice of a qualifying event, the deadline period will not begin to run until one of those notices has been provided.

Notice by the qualified beneficiary must be made in writing (whether paper or electronic), must be addressed to the plan administrator at the address shown in the plan document and must contain the information necessary for the plan administrator to determine whether a qualifying event (or second qualifying event) has occurred, including the plan name, your name, the qualified beneficiary, the qualifying event (or disability) and the date of the qualifying event (or disability).

Please note: Timely notice by the qualified beneficiary in accordance with this procedure is a condition to entitlement to COBRA continuation coverage (or extended coverage, as the case may be). If the qualified beneficiary does not provide the required notice within the deadlines set forth above, the qualified beneficiary is not entitled to COBRA continuation coverage (or extended coverage, as the case may be).

Notice of qualifying event from plan administrator to qualified beneficiaries. Within 14 days after receiving notice of a COBRA qualifying event from the University or the qualified beneficiary (as
just described), the plan administrator will notify all qualified beneficiaries of their right to elect continuation coverage under COBRA. (Note that, because the University is the plan administrator, this affords the plan administrator a total of 44 days.)

The notice will identify the group health features, the name, address and telephone number of the person or entity responsible for administering COBRA, the qualifying event, the qualified beneficiaries (by name or by status), the COBRA premium, the date on which coverage will terminate if COBRA continuation coverage is not chosen, the date on which COBRA coverage will begin if chosen and the date on which COBRA coverage will end if chosen and will include a complete explanation of COBRA continuation coverage (such as by including a copy of this Appendix C).

Notice will be given to each qualified beneficiary (you, your spouse or domestic partner and each child) by mail addressed to the qualified beneficiary at the last known address. As an exception, where qualified beneficiaries include children and your spouse or domestic partner is also a qualified beneficiary, notice to your spouse or domestic partner will be considered notice to all children who reside with your spouse or domestic partner. For example, where the qualified beneficiaries are you, your spouse or domestic partner and one or more children and you are all living at the same address, the notice will be addressed to you and your spouse or domestic partner.

If the plan administrator receives notice from the University or from the qualified beneficiary (as described above) but decides that the qualified beneficiary is not entitled to COBRA (or an extension of COBRA) after all, the administrator will still notify the qualified beneficiary within 14 days but explain the decision (in the same manner as any other denial of benefits under the plan).

Notice addressed to you and your spouse or domestic partner and sent to your home will be considered notice to both you and your spouse or domestic partner, as long as your spouse or domestic partner resides at that address (according to the most recent information available to the group health features). Notice addressed to either you or your spouse or domestic partner will also be considered notice to all other qualified beneficiaries residing at the same address (according to the most recent information available to the group health features).

**Election of COBRA.**

**Timing.** After receiving notice from the plan administrator, each qualified beneficiary will have 60 days to elect continued coverage under COBRA. (If the notice arrives before the date on which coverage would otherwise have ceased, the qualified beneficiary will have 60 days from the date on which coverage would otherwise have ceased.)

**Persons covered by an election.** Election of continuation coverage is an individual election of each qualified beneficiary in accordance with the following rules:

- If you elect continuation coverage for you, your spouse or domestic partner and children, the election is effective for you, your spouse or domestic partner and children; your spouse or domestic partner and children do not have a separate election.

- If you fail to elect continuation coverage for your spouse or domestic partner or children (regardless of whether you elect continuation coverage for yourself), your spouse or domestic partner or children are entitled to elect continuation coverage independently of you.

- If your spouse or domestic partner elects continuation coverage for himself or herself or your children, the election is effective for your spouse or domestic partner or children; your children do not have a separate election.
► If neither you nor your spouse or domestic partner elect continuation coverage for a child, the child is entitled to elect continuation coverage independently.

Method. Election of COBRA continuation coverage will be made by returning to the plan administrator, properly completed and signed, any form the plan administrator may require (and supply with the notice of the qualifying event). The form may be returned at any time during the 60-day period described above.

Even if a qualified beneficiary returns the form during the 60-day period showing an election not to take COBRA continuation coverage, the qualified beneficiary may change his or her mind and elect continuation coverage by completing, signing and returning another form within the 60-day period described above.

Though the form supplied by the plan administrator is the preferred and usual method for making the election, any other method will be accepted that contains all of the information necessary to process the election.

Please note: Failure to elect COBRA continuation coverage within the 60-day deadline described in this section will constitute a complete, final and permanent waiver of COBRA continuation coverage.

Effect. The coverage offered for election will be the same coverage that the qualified beneficiary had immediately before the qualifying event, with the following exceptions:

► If the qualified beneficiary had medical benefits plus dental benefits or vision benefits or both, the qualified beneficiary may elect to continue the medical benefits alone (without continuing the dental benefits, vision benefits or both).

► If the qualified beneficiary had a HCFSA, the qualified beneficiary may elect to continue (or not continue) the HCFSA independently from the election with regard to any other features, although the ability to continue a HCFSA continues only through the end of the plan year in which the qualifying event occurred.

Upon valid election, coverage will be provided retroactively to the date of the qualifying event, except that, if the qualified beneficiary first completes and returns a form showing an election not to take COBRA continuation coverage but later (within the 60-day period) completes and returns another form electing to take COBRA continuation coverage, the continuation coverage will be provided prospectively only (from the date when the second form was returned) and not retroactively to the qualifying event.

Regardless of the date as of which COBRA continuation coverage is provided, no claims will be paid for expenses incurred after the qualifying event unless and until the COBRA premium is timely paid (as described below).

Disclosure to health care providers. If an individual is a qualified beneficiary but has not made an election and the election period has not yet expired, health care providers who inquire as to the coverage status of the individual will be told that the individual is not presently covered but has a right to elect coverage that will be retroactive to the qualifying event as long as the COBRA premium is timely paid. Likewise, if an individual who is a qualified beneficiary has timely elected continuation coverage but has not yet paid the first COBRA premium, health care providers who inquire as to the coverage status of the individual will be told that the individual is not presently covered but has elected continuation coverage, which will be retroactive to the qualifying event if and when the first COBRA
premium is timely paid.

**Children born during COBRA coverage.** If you are receiving continuation coverage, children born to (or placed for adoption with) you are considered to be qualified beneficiaries and therefore are eligible to receive continuation coverage on the same basis as any of your other children. Children born to or placed for adoption with your spouse or domestic partner (but not you) or your child are not considered qualified beneficiaries.

If your original COBRA election included children born (or placed for adoption) during your continuation coverage, no further COBRA election is needed, but no coverage will be provided until you notify the plan administrator that the child has been born (or placed for adoption).

If your original election of continuation coverage did not include children born (or placed for adoption) during your continuation coverage, if you want coverage for the newly born (or placed) child, you should notify the plan administrator as soon as possible and complete a COBRA election form.

There is no deadline for this notice, but you should notify the plan administrator as soon as possible. Coverage will be provided retroactively to the date of birth (or placement for adoption) if possible under the rules of the group health features. If the notice is not given promptly, the group health features may not be able to provide continuation coverage retroactively to the date of birth (or placement for adoption).

**Paying for COBRA coverage.** COBRA continuation coverage will be provided to the qualified beneficiary only if the qualified beneficiary pays the applicable premium for such coverage plus a 2% administrative charge, with two exceptions:

- Qualified beneficiaries who are receiving an additional 11 months of continuation coverage due to disability will pay during those additional 11 months an amount equal to 150% of the applicable premium (as long as the individual who was disabled is receiving continuation coverage). If a second qualifying event occurs during the first 18 months after the original qualifying event, as a result of which the duration of the continuation coverage is extended to 36 months, none of the additional 18 months are due to disability and this exception does not apply. Conversely, if a second qualifying event occurs more than 18 months after the original qualifying event, as a result of which the duration of continuation coverage is extended to 36 months, the 150% payment will remain in force beyond 29 months for the balance of the 36 months (as long as the qualifying beneficiary who was disabled is receiving continuation coverage).

- Where the qualifying event is your absence due to service in the uniformed services of the United States (meeting the requirements of USERRA) and you perform such service for less than 31 days, the charge for COBRA coverage is limited to the employee contribution required of active employees.

The applicable premium will equal the actual cost to the group health feature of providing the same coverage to participants and beneficiaries of the group health feature who have not suffered a qualifying event. (If the coverage is not insured, the applicable premium will be determined on an actuarial basis as provided in COBRA.) For example, if your spouse or domestic partner or child elects COBRA continuation coverage and you do not, so that your spouse or domestic partner or child must be enrolled as if he or she were an employee, the applicable premium will be the premium for employee-only coverage.

Payment for all months up to and including the month in which the qualified beneficiary returns the election form to the plan administrator must be made to the plan administrator within 45 days after the election form is returned to the plan administrator. Payment for months following the month in which the
election form is returned to the plan administrator must be made by the last day of the month for which payment is made.

*Please note:* It is the responsibility of the qualified beneficiary to make timely premium payments. The plan administrator does not send bills.

**Coverage received on COBRA.** A qualified beneficiary who timely elects and pays for COBRA continuation coverage will receive the same coverage as similarly situated participants in the group health features who have *not* suffered a qualifying event. For example, and not by way of limitation, changes in coverage, deductibles, co-pays and insurance carriers and providers applicable to participants who have not incurred a qualifying event will apply equally to each qualified beneficiary.

Each qualified beneficiary also has the same rights as a similarly situated participant who has not suffered a qualifying event to participate in open enrollment period and make changes in his or her coverage, including, for example and not by way of limitation, the right to add a spouse or domestic partner or children. (Except for a child born to or placed for adoption with you when you are receiving continuation coverage, a spouse or domestic partner or child added in this manner is not and can never become a qualified beneficiary.)

If a qualified beneficiary is covered by an HMO when the qualifying event occurs and elects COBRA under the HMO but later moves out of the HMO’s service area, the qualified beneficiary may instead elect (i) the same coverage enjoyed by active employees of the University at that location or, if none, (ii) whatever coverage would be available to an active employee who made the same move or, if none, (iii) whatever coverage would be available to active employees who moved from some other area to the new location (if any). If no coverage would be available at the new location under any of the three alternatives, COBRA coverage under the HMO will still be provided, even if of no practical value to the qualified beneficiary.

**Duration of COBRA coverage.**

**Termination of employment or reduction in hours.** Where the qualifying event is termination of employment or reduction in hours, the maximum period of continuation coverage is 18 months from the date of the qualifying event.

As an exception, if you suffer a qualifying event by reason of absence due to service in the uniformed services of the United States, as described in USERRA, the maximum period of continuation coverage is 24 months from the date of the qualifying event.

As another exception, if your spouse or domestic partner or child is receiving continuation coverage by reason of your termination of employment or reduction in hours (the “original qualifying event”) but you become covered by Medicare less than 18 months before the original qualifying event, then the maximum period of continuation coverage for your spouse or domestic partner and child is 36 months from when you became covered by Medicare.

As another exception, if you, your spouse or domestic partner or child who is a qualified beneficiary by reason of your termination of employment or reduction in hours (either because the qualified beneficiary chose continuation coverage or because the 60-day election period has not expired) is determined to have been disabled under Title II or XVI of the Social Security Act at any time during the 60 days after the original qualifying event (and fulfills the notice requirements previously described), then the maximum period of coverage for all such qualified beneficiaries is extended to 29 months from the date of the original qualifying event, regardless of whether the qualified beneficiary who is disabled chooses to have COBRA coverage. (In the case of a child born to, or placed for adoption with, you when
you are receiving continuation coverage, the 60-day period begins when the child’s COBRA coverage begins, which will usually be the date of birth or placement for adoption.)

Other qualifying events. Where the qualifying event is death, divorce, Medicare coverage or cessation of dependent status, the maximum period of continuation coverage is 36 months from the date of the qualifying event.

Combinations of qualifying events. If your spouse or domestic partner or child is receiving continuation coverage by reason of your termination of employment or reduction in hours (the “original qualifying event”) and you die or become entitled to Medicare or you and your spouse or domestic partner become divorced or legally separated (and the subsequent event would have been a qualifying event if you had not suffered the original qualifying event), then the maximum period of continuation coverage for your spouse or domestic partner and child is extended to 36 months from the date of the original qualifying event.

If a child is receiving continuation coverage by reason of your termination of employment or reduction in hours (the “original qualifying event”) but ceases to be eligible for coverage, then the maximum period of continuation coverage for the child is extended to 36 months from the date of the original qualifying event.

Termination before maximum period has expired. Continuation coverage for a qualified beneficiary will be terminated automatically if and when:

► the qualified beneficiary first becomes covered under any other group health plan after the date of election (continuation of other coverage that the qualified beneficiary may have had before the qualifying event, such as coverage as a dependent under your spouse’s or domestic partner’s group health plan, will not trigger termination under this paragraph), unless the other group health plan excludes or limits coverage for a pre-existing condition that the qualified beneficiary has and that exclusion or limitation is neither barred nor satisfied by the qualified beneficiary under HIPAA;

► the qualified beneficiary first becomes covered by Medicare after the date of the election (continuation of Medicare coverage that the qualified beneficiary may have had before the qualifying event will not trigger termination under this paragraph);

► the qualified beneficiary is receiving extended coverage by reason of disability and ceases to be disabled;

► payment of the required COBRA premium is not timely made (including any grace period afforded to the University by an insurance company, but at least 30 days, and including the right of the qualified beneficiary to make up any deficiency in a partial payment within 30 days after notification from the plan administrator that the payment was not for the full amount due); or

► the University ceases to provide any group health features to any employee.

If the group health features under which a qualified beneficiary is receiving COBRA continuation coverage terminate but the University continues to provide one or more group health plans, the qualified beneficiary will be afforded the same opportunity as participants with respect to whom a qualifying event has not occurred to participate in an alternative group health plan of the University.

Conversion privilege. COBRA continuation coverage will not affect any right you, your spouse or domestic partner or your child may have to conversion coverage under any insurance contract. For example, if you elect COBRA continuation coverage under a group health plan whose benefits are
provided through an insurance contract that includes a conversion privilege at the conclusion of group coverage, the conversion privilege will be available when group coverage ends, at the conclusion of the COBRA continuation coverage. Likewise, if you elect not to take COBRA continuation coverage, you may be entitled to a conversion policy at the time of the qualifying event.

Notice of premature termination of COBRA coverage from plan administrator to qualified beneficiary. If a qualified beneficiary chooses to have COBRA coverage but the COBRA coverage ends before the maximum duration (18 months, 29 months or 36 months, as just explained), the plan administrator will notify the qualified beneficiary, provide the reason and make note of the date of termination of COBRA coverage, as well as remind the qualified beneficiary about coverage alternatives such as an individual policy (if available). This notice requirement will apply, for example, where COBRA coverage is shut off because the qualified beneficiary is not making the required payments. The plan administrator will provide this notice as soon as practical after the decision is made.

The same rules about the plan administrator’s notice to you, your spouse or domestic partner and other qualified beneficiaries of a qualifying event (described above with regard to the original COBRA election) likewise apply to the plan administrator’s notice of premature termination of COBRA in this section.

Miscellaneous provisions.

Outside considerations. In considering whether to take COBRA, each qualified beneficiary should also consider how COBRA coverage relates to other rules. For example, when group health coverage terminates, federal law may guarantee you the right to buy an individual insurance policy from an insurance company in your state without being subject to a pre-existing condition limitation. But you may lose that right if you do not take COBRA and maintain it for the full duration. For another example, if you enroll in another group health plan, the new group health plan may be prohibited from imposing a pre-existing condition limitation, but only if you enroll in the new group health plan within 63 days after your participation in this plan terminates. Taking COBRA extends your participation in the group health features and thus may help you to avoid a gap of more than 63 days. And, finally, you may have a right to enroll in another group health plan, such as your spouse’s or domestic partner’s plan, if you do so within 30 days after your participation in the group health features terminates. Once again, taking COBRA coverage extends your participation in the group health features and may help you to avoid a gap of more than 30 days.

Health coverage tax credit. The federal Trade Act of 2002 created a health coverage tax credit that can be used to help offset the cost of COBRA premiums if you become entitled to trade adjustment assistance or you have retired and are receiving pension payments from the federal Pension Benefit Guaranty Corporation. You can get information about the health coverage tax credit by calling the government’s Health Coverage Tax Credit Customer Contact Center, toll-free, at (866) 628-4282 or visiting www.irs.gov and searching for “HCTC.”

Change of address. It is important that all individuals who are, or may become, qualified beneficiaries keep the plan administrator up to date with their correct mailing address.

Questions. If you have questions about continuation coverage under COBRA, you should contact Benefit Coordinators Corporation, at 100 Ryan Court, Suite 200, Pittsburgh, PA 15205-1324, telephone (800) 685-6100.

Alternatively, you may contact the Employee Benefits Security Administration of the U.S. Department of Labor. You can find the telephone number for the nearest office of the Employee Benefits Security Administration in the phone book or on the Employee Benefits Security Administration
Correction of mistakes. If at any time it is determined that a mistake has been made with regard to administration of COBRA continuation coverage, regardless of whether the mistake is favorable or detrimental to you, your spouse or domestic partner or children, all feasible steps will be taken as soon as reasonably possible to correct the mistake by returning all affected parties to the position that they would have been in if the mistake had not occurred, including, if necessary, retroactive collection or refund of COBRA premiums and retroactive provision or denial of coverage.

Additional provisions applicable only to retirees. If and only if the group health features provide coverage to retirees, the following special qualifying events and duration provisions apply to you if you are a retiree who is receiving coverage under the group health features:

- If your retirement did not constitute a qualifying event, because the coverage afforded to you was identical to the coverage afforded to active employees, but the coverage is subsequently changed to become inferior to, or more expensive to you than, the coverage afforded to similarly situated active employees, and you have not already received coverage for a period equal to the maximum period of COBRA continuation coverage, then that change will retroactively cause your original retirement to be a qualifying event and continuation coverage will be offered for the balance of the COBRA continuation period measured from the date of retirement.

- If coverage ceases or is substantially eliminated for you, your spouse or domestic partner or your child because of a bankruptcy proceeding involving the University under Title 11 of the U.S. Code, then you, your spouse or domestic partner or child is entitled to purchase COBRA continuation coverage for as long as you live. In addition, if your spouse or domestic partner or child is receiving continued coverage when you die, then your spouse or domestic partner or child is entitled to purchase COBRA continuation coverage for 36 months after your death.

- If coverage ceases or is substantially eliminated for your surviving spouse or domestic partner or child following your death because of a bankruptcy proceeding involving the University under Title 11 of the U.S. Code, then your surviving spouse or domestic partner or dependent child may buy continued coverage for as long as your surviving spouse or domestic partner lives.

The University will notify the plan administrator of any such event within 30 days after it occurs.