

## Graduate Appointee Insurance Program

### **GAIP: Continuation of coverage (COBRA)**

UW offers a continuation provision (COBRA) to GAIP coverage that allows you or your eligible dependents to continue your insurance should you lose eligibility for UW-paid coverage.

COBRA continuation coverage can become available to you when you would otherwise lose your GAIP coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their GAIP coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

### **When is continuation coverage available?**

The plan will offer continuation coverage to qualified beneficiaries only after the plan administrator has been notified that a qualifying event has occurred. The employer must notify the plan administrator of the qualifying event, when the event is any of the following:

- The end of employment or reduction of hours of employment
- The death of the GAIP-eligible graduate appointee
- The eligible graduate appointee's becoming entitled to Medicare benefits (under Part A, Part B, or both)

### **You must give notice of some qualifying events.**

For the other qualifying events (divorce or legal separation of the graduate appointee and spouse or partner; a dependent child's losing eligibility for coverage as a dependent child) you must notify the plan administrator within 60 days after the qualifying event.

You must provide this notice to:

LifeWise Administrators  
P.O. Box 21325  
MS 225  
Seattle, WA 98111  
800-421-3531 (voice)  
800-842-5357 (TDD)

**Notice Procedures:** Any notice that you provide must be in writing, Oral notice, including notice by telephone, is not acceptable. You must mail or deliver your notice to LifeWise Administrators.

If mailed, your notice must be postmarked no later than the last day of the required notice period. Any notice you provide must state the name of the Plan, the name and address of the employee covered under the Plan, and the name(s) and address(es) of the qualified beneficiary(ies). Your notice must also name the qualifying event and the date it happened. If the qualifying event is a divorce, your notice must include a copy of the divorce decree. (At the end of this notice, we have attached a form of Notice of Qualifying Event to use to notify the Plan Administrator of a qualifying event. A copy of this form can also be obtained from the Plan Administrator.)

Read the full continuation of coverage details by visiting the [LifeWise website](#) and downloading the plan benefit booklet.



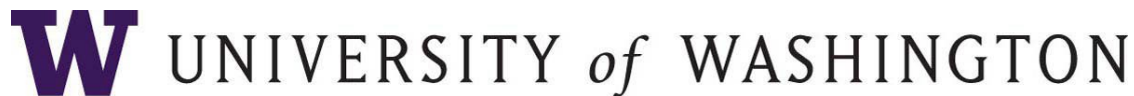
## Premiums

Current and prior year premiums can be found on the [UW Benefits GAIP: Continuation of Coverage](#) webpage.

All questions concerning your plan or your continuation coverage (COBRA) rights should be addressed to [LifeWise Assurance Company](#).

In order to protect your rights and/or those of your family, you should keep the plan administrator informed of any address changes. Keep a copy of any notices or correspondence for your records.

For more information about your continuation coverage (COBRA) rights, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the [Centers for Medicare and Medicaid](#).



University of Washington Graduate Appointee Insurance Plan

Notice of Qualifying Event from Graduate Appointee

Instructions:

Complete, date, sign and mail this Notice of Qualifying Event to LifeWise Administrators when any of the following events occurs. The party responsible for administering COBRA continuation coverage, or that party's address and telephone number, may change from time to time. For the most recent information, check the Plan's most recent Summary Plan Description (if you do not have a copy, you may request one from the Plan Administrator).

- A spouse who is receiving continuation coverage has divorced or legally separated from the covered employee
A child who is receiving continuation coverage has ceased to be a dependent under the terms of the group health plan

Documentation:

If the spouse has become divorced or legally separated, provide a copy of the decree of divorce or legal separation. However, if you cannot provide the decree or determination by the Deadline (see below) for providing this Notice, complete and provide this Notice to LifeWise Administrators by the Deadline, and submit the decree or determination as soon as possible. Your Notice will be timely. However, no continuation coverage (in the case of divorce) will be offered until a copy of the decree or determination is provided.

Identify the Graduate Appointee:

Print name of graduate appointee: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Telephone: Daytime \_\_\_\_\_ Evening: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Event Description (Check one and complete):

- Qualifying Event - Graduate appointee and spouse [ ] divorced [ ] legally separated

Print name of spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Telephone: Daytime \_\_\_\_\_ Evening: \_\_\_\_\_

Spouse' Social Security Number: \_\_\_\_\_

Date of divorce or legal separation: \_\_\_\_\_

Is a copy of the decree of divorce or legal separation enclosed with this Notice? [ ] Yes [ ] No

# **W** UNIVERSITY *of* WASHINGTON

Qualifying Event – Employee’s child ceased to be an eligible dependent under the Plan

Print name of child: \_\_\_\_\_

Reason child ceased to eligible dependent (check one):  attained age \_\_\_\_\_  lost student status  married  
 other (explain) \_\_\_\_\_

Address of child:  same as graduate appointee’s address  different address (provide address)

Address: \_\_\_\_\_

City

State

Zip

Telephone: Daytime \_\_\_\_\_ Evening: \_\_\_\_\_

Child’s Social Security Number: \_\_\_\_\_

### **Certification, Signature and Date:**

I certify that the above information is true and correct.

I am the (check one):  graduate appointee  spouse or former spouse  former dependent child

other (explain) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### **Mail this completed Notice of Qualifying Event to:**

LifeWise Administrators  
P.O. Box 21325  
MS 225  
Seattle, WA 98111  
800-421-3531 (voice)  
800-842-5357 (TDD)

For the most recent information, check the Plan’s most recent Summary Plan Description. If you do not have a copy, you may request one from the Plan Administrator.

### **Deadline:**

The deadline for providing this Notice of Qualifying Event is 60 days after the later of the qualifying event or the loss of coverage. Your Notice of Qualifying Event must be postmarked or received by the deadline. **If your Notice is late, any spouse or dependent child who loses coverage will not be offered the option to elect continuation coverage.**

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For Plan Use Only

Date Notice received: \_\_\_\_\_ If mailed, date of postmark: \_\_\_\_\_

Decree enclosed?  Yes  No  N/A

Determination enclosed?  Yes  No  N/A

GAIP Notice of Qualifying Event