

**** Notice of Continuation Coverage Rights Under COBRA ****

Dear GreenState Employee,

You're getting this notice because you recently gained coverage under your company's group plan sponsored by GreenState Credit Union. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. The Employer has hired EverythingBenefits to assist with COBRA continuation coverage administration under the Plan.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more 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.

EverythingBenefits

1253 Springfield Avenue Suite 350 New Providence, NJ 07974

The Plan provides no greater COBRA rights than what COBRA requires -- nothing in this notice is intended to expand your rights beyond COBRA's requirements.

Please note that the Plan is fully insured and as a result, state insurance laws may provide additional continuation coverage options not described in this notice. You will be notified of those state continuation coverage options if and when you become eligible for state continuation coverage.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual medical plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct; • Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

In some instances, if you gain a dependent child (e.g., by birth or adoption, or pursuant to a Qualified Medical Child Support Order) during a period of COBRA continuation coverage, your new dependent child will also be considered a qualified beneficiary for whom you can elect COBRA for the remainder of the applicable continuation coverage period.

If your plan includes retiree health coverage, the following paragraph may be applicable

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after EverythingBenefits has been notified that a qualifying event has occurred. The Employer must notify EverythingBenefits of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the Employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify EverythingBenefits within 60 days after the later of (1) the date of the qualifying event; and (2) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the qualifying event. You must provide this notice either through the usage of your Employer's benefits / HR tracking software or by notifying and informing your Employer.

If a qualified beneficiary does not timely notify EverythingBenefits of a qualifying event, that qualified beneficiary (including any spouse or dependent who is a qualified beneficiary) will lose any right to COBRA continuation coverage.

How long is COBRA continuation coverage provided?

Once EverythingBenefits receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. If COBRA continuation coverage is not timely elected within the 60-day period described in the Plan's election notice, the qualified beneficiaries covered by that notice will lose their COBRA continuation coverage rights.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts up to 18 months if the qualifying event is the employee's termination of employment or reduction of hours of work. If the qualifying event is the employee's death, divorce or legal separation, or entitlement to Medicare benefits, or a child's loss of dependent child status, COBRA continuation coverage may last up to 36 months. If the qualifying event is the employee's termination of employment or reduction of hours worked, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee may last up to 36 months after the date of Medicare entitlement - this special rule applies only if the employee becomes entitled to Medicare within 18 months BEFORE the termination or reduction of hours.

In addition, there are also ways in which an 18-month period of COBRA continuation coverage can be extended (see disability extension and second qualifying event explanations below). ***Disability extension of COBRA continuation coverage***

If a qualified beneficiary is determined by Social Security to be disabled and you timely notify Employer as described below, all of the qualified beneficiaries in your family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. This extension is available only for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction of hours. The disability must have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the period of COBRA continuation coverage that would be available without the disability extension (generally 18 months, as described above).

The disability extension is available only if you notify Employer of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination of employment or reduction of hours.

In addition, you must provide this notice before the end of the 18-month period following the employee's termination of employment or reduction of hours in order to be entitled to a disability extension.

You must provide notice to Employer. If these procedures are not followed or if the notice is not provided to EverythingBenefits or Employer during the 60-day notice period and within 18 months after the employee's termination of employment or reduction of hours, then COBRA coverage will not be extended due to disability.

If the Social Security Administration determines that the individual is no longer disabled, the disability extension of COBRA continuation coverage will end. You must notify Employer within 30 days after the date of that determination using the same process described above.

Second qualifying event extension of COBRA continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage due to the employee's termination of employment or reduction of hours, the spouse and dependent children qualified beneficiaries in your family may get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. This extension is not available when an employee becomes entitled to Medicare after his or her termination of employment or reduction of hours.

This second qualifying event extension is available only if you notify Employer of the second qualifying event within 60 days of the date of the second qualifying event. You must provide notice to Employer. If these procedures are not followed or if the notice is not provided to Employer during the 60-day notice period, then COBRA coverage will not be extended due to the second qualifying event.

COBRA continuation coverage may end earlier

The COBRA coverage periods described above are maximum coverage periods. A qualified beneficiary's COBRA coverage may end before the end of the maximum coverage periods described in this notice for several reasons, including the following:

- failure to timely pay the required premium;
- after electing COBRA under this Plan, the qualified beneficiary becomes covered by other employer-sponsored group health coverage;
- after electing COBRA under this Plan, the qualified beneficiary first becomes entitled to Medicare (under Part A, Part B, or both);• termination for cause, such as fraud; or
- when the COBRA continuation coverage period has been extended due to a qualified beneficiary's disability and the Social Security Administration determines that individual is no longer disabled;
- the Employer terminates the Plan and does not offer any other group health plan coverage.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let your Employer know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to Employer.

Plan contact information

You can obtain additional information about the Plan and COBRA continuation coverage from: **cobra@EverythingBenefits.com or EverythingBenefits, 1253 Springfield Avenue, Suite 350, New Providence, NJ 07974**

Contact phone: 1-973-320-0600