

GROUP DENTAL INSURANCE COVERAGE CONTINUATION NOTICE

Employer's Name _____ Group # _____

Employee's Name _____ Subscriber # _____

Your group dental insurance terminates on _____. Under recently enacted Federal law, you are entitled to maintain coverage under the group dental plan you now have, if you meet any of the following requirements:

You may continue coverage for 18 months if: a) your employment is terminated for any reason other than gross misconduct; or, b) if the number of hours you work has been reduced so you no longer qualify for coverage in the dental plan.

You may continue coverage for 36 months if your coverage is terminating because of: a) death of the employee; b) divorce or legal separation; or c) if you are a dependent and you are no longer qualifying as a dependent under the terms of the dental plan.

However, if one of the following events occurs before the expiration of either the 18 or 36-month period, this continuance of coverage will terminate. The events are: a) the employer terminates all group dental plans it offers; b) you fail to pay the premiums; c) you are enrolled in another group dental plan; d) you remarry and are covered under another group plan (applies only to former spouse).

In order to retain coverage, you must exercise your option prior to _____ by paying \$_____ as your first payment for ___ months. Subsequent quarterly premium payments of _____ are due by the first of each quarter and remitted to the address below:

D.C. Everest Area School District
 6300 Alderson Street
 Weston, Wisconsin 54476
 Attn: Benefits Clerk

If you choose to retain your group dental coverage, keep your certificate of group insurance and your identification card (I.D.).

Please complete the form below and return it to the employer as listed above:

- () DO wish to continue coverage under the Group Policy and agree to the conditions and requirements outlined above.
- () DO NOT wish to continue coverage under the Group Dental Policy.

Signed: _____ Date: _____
 Employee/Spouse/Dependent

EXHIBIT B
 Exhibit Approved: 2/24/87
 Exhibit Revised: 10/24/06

SCHOOL BOARD
 D.C. Everest Area School District
 6300 Alderson Street
 Weston, Wisconsin 54476