



HAWAII LABORERS' HEALTH AND WELFARE TRUST FUND FREQUENTLY ASKED QUESTIONS - COBRA

1. WHAT IS COBRA?

The Consolidated Omnibus Budget Reconciliation Act, or COBRA, gives workers and their families who lose their health benefits, the right to choose to continue their group health plan coverage.

As a member, you and/or your covered dependents will have the option to continue coverage for a limited period of time under the following circumstances:

Termination of Employment	18 months
Reduction in hours	18 months
Death of employee	36 months
Divorce or Legal Separation	36 months
Dependent or Spouse losing eligibility due to the member becoming entitled to Medicare	36 months
Dependent child losing eligibility as a dependent as defined by the Fund	36 months

2. HOW DO I QUALIFY FOR COBRA COVERAGE?

When the Administrator's office determines that you and/or your covered dependents are no longer eligible for coverage, you will receive a COBRA Notice which will include instructions on how to submit your COBRA Election Form and payment.

To continue coverage, you MUST submit your form and the first payment in a timely manner (deadlines will be clearly specified in your packet). The Administrator's office must also receive payment for subsequent months of coverage timely, as specified in your packet, for coverage to continue.

3. DO I HAVE TO PAY FOR COBRA COVERAGE?

Yes. You will be responsible for the cost of COBRA coverage. The monthly premium is determined by the Fund and is an amount equal to 102% of the actual cost of the benefits as determined by the Board of Trustees.

4. WHAT HAPPENS WHEN I START WORKING AGAIN?

Once you have started working again, the Administrator's office will send you a notice to let you know that your employer has started contributing on your behalf, and you will receive another notice to let you know that you have accrued enough hours and what date you will be eligible again.

Depending on how long ago you were last eligible for active coverage, you may or may not have to submit a new enrollment form.

Please be sure to pay close attention to the correspondence you receive from the Administrator's office and respond with any requested forms immediately to ensure your enrollment into the Plan as an active member so that you can stop your COBRA coverage and payments accordingly.

FOR MORE INFORMATION CONTACT THE MEMBER SERVICES DEPARTMENT:
(808) 441-8700 or toll free (888) 520-8078