

Connecticut Continuation Coverage Notice SUPPLEMENT  
For use by group health insurers and group policyholders for qualified beneficiaries  
enrolled in Continuation Coverage on May 5, 2010 or  
who experience a qualifying event on May 5, 2010 or later

Date of Notice: \_\_\_\_\_

Dear: \_\_\_\_\_  
*(Name of Qualified Beneficiary(ies))*

**This notice contains important information about your right to continue your group health insurance coverage for up to 30 months in the**

\_\_\_\_\_ **(the Plan).**  
*(Name of Group Health Plan)*

**THIS SUPPLEMENT IS BEING DISTRIBUTED TO YOU  
TO CONFIRM YOUR PLAN'S COMPLIANCE WITH  
CONNECTICUT PUBLIC ACT 10-13**

Please read the information contained in this notice carefully

Connecticut Public Act 10-13 extended the maximum continuation period for certain qualifying events from 18 months to 30 months. This change applies to individuals who are currently on state or federal COBRA continuation through coverage under a Connecticut group health insurance policy as well as to individuals covered under a Connecticut group health insurance policy who experience a qualifying event on May 5, 2010 or later.

You are receiving this notice because either: (1) you are currently on continuation coverage as of May 5, 2010 (effective date of new law and your 18 month continuation period did not expire prior to May 5, 2010), or (2) you have experienced a qualifying event on May 5, 2010 or later. If your loss of health coverage was due to a lay-off, termination of employment (except for gross misconduct), leave of absence or reduction in hours, you are eligible for extended continuation coverage up to 30 months, from the beginning date of your continuation coverage, provided you meet the other applicable provisions, including paying premiums on a timely basis.

If you have any questions, please contact your COBRA administrator.