

**WATERTOWN CITY SCHOOL DISTRICT**

**PAYROLL DEPARTMENT**

**1351 WASHINGTON STREET**

**PO BOX 586**

**WATERTOWN, NY 13601**

**315-785-3721**

General Notice- Information Sheet COBRA

Health and Dental Coverage

Qualifying Event for Employees:

Voluntary or involuntary termination of employment for reasons other than “gross misconduct.”

Reduction in the number of hours of employment

Qualifying Events of spouses are:

Termination of the covered employee’s employment for any reason other than “gross misconduct”

Reduction in the hours worked by the covered employee.

Covered employee’s becoming entitled to Medicare (disability, etc.)

Divorce or legal separation of the covered Employee

Death of the covered employee

Qualifying Events for dependent children are:

Loss of “dependent child” status under the plan rules

Examples- Age 26

If you choose to continue the health and dental coverage under COBRA, you must pay 100% of the premiums.

A qualified beneficiary must notify the Watertown City School District within 30 days after events such as a divorce or legal separation of a child’s ceasing to be covered as a dependent under the health and dental plan rules (see above qualifying events).

After you notify us of the qualifying event, we must provide a notice to employees and family members of their right to elect COBRA coverage.

If you choose to continue the health and or dental plans, the premiums must be paid retroactive to the date of the qualifying event. You must pay 100% of the premiums.

For more information, or when you have a qualifying event as stated above, contact:

**Healthcare and Dental Clerk**

**Watertown City School District**

**PO Box 586**

**Watertown, NY 13601**

**315-785-3721**