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TO All Employees *vd*
FROM: Kristen Dainty, Assistant Superintendent for Finance & Business Development
DATE: September 2024
RE: **COBRA**

This notice will provide you with important information regarding a Federal Law, the Consolidated Omnibus Reconciliation Act of 1985, or COBRA. Please read this notice carefully.

If you are enrolled in a District health plan and your employment terminates for any reason, other than your gross misconduct, or if the terms of your employment change so that your health coverage terminates, you may elect to pay for continued health coverage for up to 36 months. If you should become divorced or legally separated, or if you should die and your dependents are not eligible for continued coverage as dependent survivors, these covered dependents may elect to pay for continued health coverage for up to three years. In addition, your covered children may elect to pay for continued health care coverage for up to three years after they no longer qualify as covered dependents under the terms of your health plan.

Coverage continued under COBRA will end for any person when:

1. the cost of continued coverage is not paid on or before the date it is due; or
2. that person becomes eligible for Medicare; or
3. that person becomes covered under another health plan; or
4. the health plan terminates for all employees; or
5. the continuation period ends.

Please remember that it is your obligation to notify the District in the event of any changes in your insurance coverage status.