

## **NOTICE OF HEALTH PLAN BENEFITS ELIGIBILITY AND TERMINATION**

### **BENEFIT ELIGIBILITY**

- Full-time employees that work 30 hours per week are eligible for health plan benefits after completion of any applicable probationary period required by the bank (employer).
- Part-time employees that work 20 hours per week are eligible for health plan benefits after completion of any applicable probation period required by the bank.  
*(Participating banks with 10 or more employees enrolled in the Plan can allow part-time employees - who work more than 20 hours per week - to be eligible for benefits under the Plan.)*
- The effective date of health plan coverage will be the 1<sup>st</sup> or the 16<sup>th</sup> of the month following the date of hire and completion of any applicable probationary period.
- Existing employees that did not enroll in the health plan as outlined above, may enroll during the annual open enrollment period or at any time if they lose their current medical coverage.
- Existing employees that are enrolled in the health plan may make changes during the annual open enrollment period, or at any time if there is a qualified life event (i.e. marriage, birth, adoption). Please see the Summary Plan Description for a complete listing of qualified life events.
- Generally, an application for enrollment or changes must be completed, signed, dated and sent to Blue Cross Blue Shield of North Dakota prior to the effective date.

### **BENEFIT TERMINATION**

- Generally, health plan cancellation dates are effective on the 1<sup>st</sup> or the 16<sup>th</sup> of the month after loss of eligibility.
- If your group coverage is being terminated because of a reduction in hours of employment or for reasons other than gross misconduct, you and your eligible dependents may have the right to choose continuation coverage or COBRA.
- In most situations that give you COBRA rights, you will receive notice from your employer telling you that coverage is ending and offering you the right to elect COBRA continuation coverage. The employer will provide you with COBRA election materials and instructions.
- COBRA coverage extends the benefits elected for 18 months – possibly longer under certain circumstances.
- For more information, please see the Summary Plan Description. If you would like a copy of the Summary Plan Description, please ask your employer or call the ND Banks Benefit Trust at (701)223-5303.
- More information is available on the Department of Labor website at:  
<https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra>