NAME: **SS#:**

Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund

EMPLOYER:	Adams-Burch, Inc.	**LOCAL:**	730
PLAN:	C	**STATUS:**	**COBRA, June 1, 2012 through November 30, 2013**

ISSUE: Extension of COBRA Coverage #E13/128-2035

FUND RULE:
"**COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985)**

The participant or eligible dependent who is determined to have been disabled at some time before the 60th day of COBRA continuation coverage must inform the Fund in writing within 60 days of the date that the Social Security Administration determines that he or she is disabled, and within 30 days of any final determination that he or she is no longer disabled…

The following situations may extend the 18-month period if they would have caused the qualified beneficiary to lose coverage under the Fund if the first qualifying event had not occurred. You must notify the Fund office within 60 days of the occurrence of the second qualifying event and before the end of the 18 month COBRA continuation period.

3. If any participant or dependent was disabled (as determined by Social Security) on the date of the qualifying event, the 18-month period may be extended up to a maximum period of 29 months for the disabled person. To be eligible for the extra 11 months of coverage, the Fund must be notified within 60 days of the Social Security Administration's disability determination. The self-payment premium for the last 11 months will be increased by about 50%. If the disability stops during the 29-month period, the Fund must be notified within 30 days of the cessation of the disability."
(Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund SPD, Pages 24-25)

SUMMARY: Appeal Received: November 4, 2013

The **participant** is appealing to be allowed an extension of his COBRA coverage (beyond November 30, 2013). The participant states, "I in fact did provide the Warehouse Employees Union with my Social Security determination letter back in November 2011 at the time I received it." The participant further states, "The continuation of my insurance is very important to me and my physical health… Those additional 11 months, to which I am appealing to be permitted the extension, are pertinent to my livelihood and well-being."

Fund records indicate the participant suffered a loss of Fund eligibility on May 31, 2012. A HIPAA statement and COBRA notice were mailed to him on May 16, 2012. Another HIPAA statement and COBRA notice were mailed to him, upon request, on June 14, 2012. The Fund office received a completed COBRA election form from the participant on July 16, 2012 and he was set up with individual COBRA coverage effective June 1, 2012. It was noted on the participant's COBRA election form that he was covered under Medicare Parts A and B, effective May 1, 2012 (at age 42). Four months later, the Fund office received a faxed copy of the participant's Social Security Award on November 14, 2012 (dated May 4, 2012), indicating he was awarded Disability benefits effective July 2012. A letter was mailed to the participant on September 16, 2013, reminding him that his COBRA coverage would terminate effective December 1, 2013 (after 18 months of coverage). The participant's Social Security Award was not received by the Fund office within 60 days of the disability determination (by July 4, 2012).

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS: