

Health Insurance Portability & Accountability Act (HIPAA) Notice Group Medical Plan Special Enrollment Rights

This notice includes important information about the group health plan requirements under the Health Insurance Portability and Accountability Act (HIPAA). Our records show that you may be eligible to participate in the group health plan. (To actually participate, you must complete an enrollment form.) Please read this document carefully and keep it for future reference.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this Plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you and/or your dependents are eligible but did not enroll in the Medical Plan, you and/or your dependents may enroll in the Plan under two additional circumstances:

- ❖ Termination of Medicaid or a State Child Health Insurance Plan (CHIP) coverage resulting from loss of eligibility; or
- ❖ Becoming eligible for a premium assistance subsidy in the medical, dental and vision coverage under Medicaid or a State Child Health Insurance Plan.

You must request coverage under the Plan within 60 days of termination or the date it is determined that you or your dependent are eligible for assistance in order to be entitled to these special enrollment rights.

For Certain Individuals Who Lose Coverage

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may under certain circumstances be able to enroll yourself or your dependents in this Plan at a later date. This declination of coverage for you or your dependents must be presented to the Plan in writing when you or your dependents first become eligible for coverage under this Plan. Should you fail to do so, you will not have the opportunity to enroll yourself or your dependents at the time the other insurance is lost.

If your other coverage was under COBRA, such continuation of coverage must be exhausted to be considered a loss of coverage. Your failure to elect COBRA continuation under a prior plan will be treated as a loss for purposes of this special enrollment provision. However, loss of other coverage, whether under COBRA or otherwise, does not include a loss due to an individual's failure to pay premiums on a timely basis, or termination of such coverage for cause. Loss of other coverage not under a COBRA continuation provision includes that which resulted from the following events:

- ❖ Employer terminated the Plan
- ❖ You lost eligibility for such coverage
- ❖ Your legal separation, divorce, or death
- ❖ Your termination of employment
- ❖ Your reduction in the hours of employment

If you lose your other coverage for any of the above reasons, you must request enrollment into this Plan within 30 days after your other coverage ends. Your coverage under this Plan would then become effective the first day of the first calendar month beginning after the date the Plan Representative receives your completed request for enrollment.

For Certain Dependent Beneficiaries

In addition, if you have a new dependent as a result of marriage, birth, or adoption or placement for adoption of a child under the age 18, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. The effective date of coverage for you and your dependents will be:

- ❖ In the case of marriage, the date of marriage
- ❖ In the case of a dependent's birth, the date of such birth
- ❖ In the case of a dependent's adoption or placement for adoption, the date of such adoption or placement for adoption

IMPORTANT: In all special enrollment situations, the eligible employee must be enrolled if the employee wishes to enroll eligible dependents.

You must submit your request for special enrollment to the Plan Representative at the following address:

North America Administrators, LP
P O Box 1984
Nashville, TN 37202

If you have any questions about this notice or the Plan, you may contact Teresa Dingee at North America Administrators, via email, tdingee@naa-lp.com, or call 800-411-3650, ext. 149 (or 615-256-3561, ext. 149).