



Human Resources Department Employee Benefits and Services Division

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«EMPLOYEE_NAME»
«Address_1»
«City», «State» «Zip_Code»

The enclosed notice applies individually to all plan participants, including the covered employee and any covered spouse/registered domestic partner, or dependent children.

You are currently enrolled in one or more of the following plans maintained by the County of San Bernardino:
Medical, Dental, Vision and/or FSA plan.

THIS ENCLOSED NOTICE DOES NOT MEAN YOU ARE LOSING YOUR GROUP HEALTH INSURANCE!

This notice outlines potential future options and your notification obligations under the federal Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) should you ever lose your group health insurance for certain qualifying reasons.

- Step #1:** Please read the enclosed notice carefully. It is important that **each** individual covered under the plan(s) read the notice and be familiar with the content. This notice also applies to any children you may add to your plan(s) at a future date.
- Step #2:** If there is a **covered** dependent whose legal residence is not yours, you are required to notify Employee Benefits and Services in writing so a separate notice can be sent.
- Step #3:** **Understand Your Notification Obligations!** Under the terms of the group health plan(s), only a spouse/registered domestic partner, and eligible dependents, as defined by the health insurance policy, can be covered under the plan. Therefore, under the rules of the policy and federal law, you or a covered dependent are required to notify the plan administrator of a divorce, legal separation, dissolution of registered domestic partnership or if a covered dependent ceases to be a dependent under the terms of the group health plan. Please take special note of the section that details **your** notification obligations and the appropriate steps to take when making this notification. Should you fail to follow the outlined notification procedures; any available rights will be lost.
- Step #4:** Place this notice in your records for future reference.

Should you have any questions concerning this notice or your notification obligations, please do not hesitate to contact the Employee Benefits and Services Division at (909) 387-5552.

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