

Dear Member:

We have been informed that your eligibility for DC 37's Welfare Fund Benefits has been (or will soon be) terminated.

Under the COBRA (Consolidated Omnibus Budget Reconciliation Act), you have the right to purchase continuation coverage with respect to the Plan's health-related benefits (i.e., dental, vision, podiatry, audiology, second surgical opinion, supplemental surgical and prescription drug coverage). **For questions concerning your basic Health Insurance coverage under the COBRA law, contact your agency's personnel office.**

The enclosed COBRA election notice provides further detail on your right to elect COBRA coverage, and the rules governing your COBRA election.

If you wish to purchase DC 37 Welfare Fund Benefits, please complete the enclosed election form and return it to DC 37 Benefits Fund Trust, COBRA Enrollment – 8th Floor, 125 Barclay Street, New York, NY 10007. **You must submit the election form and pay for your COBRA coverage in accordance with the time frames identified in the Election Notice. If you fail to comply with these deadlines, you will not be eligible to receive COBRA coverage.**

Please call Carol Aguirre at the number provided in the attached notice if you have questions about this notice or your rights under COBRA.

Very truly yours,

Laura Albergo
Controller

Enclosure