

13.09 CBIW NOTIFICATION FORM

* * IMPORTANT EMPLOYEE NOTICE * *

State Law ORS 659A.060-659A.069 (CBIW) requires the State as an employer to continue to pay the employer's contribution toward health and dental benefits when coverage under a State plan would otherwise end due to a workers' compensation injury or illness. Failure to continue health and dental benefits for injured or ill workers as provided under ORS 659A.060-659A.069 (CBIW) is an unlawful employment practice. This notice informs you of your rights and obligations under the provisions of this law.

If eligible for continuation of coverage under this law, you will receive the coverage that you had immediately before your on-the-job injury or illness. The law requires that the agency maintain your coverage up to twelve months from the date of knowledge of the injury or illness. However, the law also provides that the agency can end your coverage early for any of the following reasons:

- a) Your attending physician or nurse practitioner has decided that you are medically stationary and has entered a determination order or notice of closure;
- b) You return to work for any agency of the State after a period of continued coverage under this law, and satisfy any probationary or minimum work requirement to be eligible for group health benefits;
- c) You take full or part-time employment with a private or public employer other than the State of Oregon that is comparable in terms of the number of hours per week you were employed with the State, or you retire;
- d) Twelve months have elapsed since the date the State received notice that you filed a workers' compensation claim;
- e) SAIF denies your claim and you fail to appeal within 60 days or, if you appealed, the Workers' Compensation Board, a worker's compensation hearing referee or a court decides that your claim is not compensable.
- f) You do not pay the required premium, or portion thereof, in a timely manner.
- g) You elect to discontinue this coverage and notify your personnel, payroll, or campus benefits office of this election in writing.
- h) Your attending physician or nurse practitioner has released you to modified/transitional or regular work, you have been offered the work and you refuse to work; or,
- i) Employment with the State ends for reasons unrelated to the workers' compensation claim.

If the employer contribution does not cover the full cost of your health and dental premiums, you will be required to pay a portion of the premium to continue coverage. If you fail to make timely payment of any premium contribution owing, you will be notified of the 30-day grace period allowed before cancellation of your coverage. Upon expiration of your coverage under State law, you may be eligible to continue coverage on a self-pay basis under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). In some cases, you may be eligible for some extension of coverage under the Affordable Care Act (ACA).

If SAIF denies your workers' compensation claim, or if you appeal and do not prevail, the State may recover the amount of premiums paid under this law, plus interest. The State may recover the payments through a payroll deduction not to exceed 10% of your gross pay.

If you choose not to receive continued coverage under ORS 659A.063, you may be eligible under the federal COBRA regulations to continue your medical and dental coverage on a self-pay basis for up to 18 months. Premiums for coverage continued under the COBRA provisions are set at 102% of the active group rate for the first 18 months. If Social Security determines disability at the time of your qualifying event or within the first 60 days of your COBRA coverage, you may be entitled to an extension of 11 months, for a total of up to 29 months. If eligible for the extended coverage due to a disability, premiums for months 19 through 29 will be set at 150% of the active group rate. If you would like more information on COBRA or ACA, contact your personnel, payroll or campus benefits office.

Important Employee Notice

State law does not require continuation of any life or disability programs, opt-out bonus, or benefit dollars taken as cash. If you would like more information on how to continue life and disability coverage, please contact your personnel, payroll or campus benefits office. You must self-pay the Long-term Disability (LTD) premiums throughout the elimination period to be eligible for benefits. To continue other benefit plans, such as credit union or automobile insurance, you must contact the company(s) to arrange for continuation of your monthly payments.

REINSTATEMENT OF COVERAGE WHEN YOU RETURN TO BENEFIT ELIGIBLE STATUS

All benefits in effect before qualifying for coverage under ORS 659A.060-659A.069 (CBIW) will be automatically reinstated. We request that you complete the necessary Update Forms during the first 60 days of your return to assure that coverage is reinstated promptly. Changes in elections are limited to open enrollment periods or within 60 days following a qualified family status change. See your PEBB Eligibility Handbook for more information on qualified family status change.

Employees who return to benefit eligible status following a leave under ORS 659A.063 (CBIW) are not required to work at least half time to be eligible for benefits the following month if all provisions of ORS 659A.060-659A.069 (CBIW) are met. Half time is defined as 20 hours per week and no less than 80 hours per month; or as defined by collective bargaining.

If coverage under the short or long term disability plans lapse for 90 days or more, you may be subject to new pre-existing condition limitations or waiting periods. For more information, see your PEBB Eligibility Handbook.

I _____, have read and received a copy of this form notifying me of my rights while on a workers' compensation claim as an employee of the State of Oregon.

Employee Signature

Date