



# FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

## Important Information Regarding Your COBRA Election

May 2020

The attached INITIAL COBRA NOTIFICATION and ELECTION FORM FOR COBRA CONTINUATION COVERAGE includes the date by which you must submit the Election Form. In light of the ongoing COVID-19 national emergency, you will have additional time to submit the Election Form, and to make your first premium payment, if you need additional time. Any deadlines for electing and making your first payment for COBRA are suspended until 60 days after the end of the COVID-19 national emergency. For the exact dates on which notices and/or payments are due, please contact the Customer Service Department at the Fund Office at (847) 742-0900.

The extension of the above deadlines does not extend the maximum period of COBRA coverage to which you are entitled. If you elect COBRA, claims for covered expenses will be paid retroactive to the first date of your COBRA coverage, for every month for which you have paid the full premium due. Until you elect COBRA and pay COBRA premiums, the plan will not pay any claims for medical expenses incurred by you or your COBRA-eligible family members.

2371 Bowes Road, Suite 500, Elgin, Illinois 60123-5523

(847) 742-0900      FAX (847) 742-3440      TOLL FREE (866) 828-0900

[www.fvlab.com](http://www.fvlab.com)