TO BE POSTED
HEALTH INSURANCE COVERAGE

You and other members of your family may be eligible under Maryland law to continue to be covered by your former employer’s health insurance policy if:

◇ You quit your job or you were terminated from your employment for a reason other than for cause; and

◇ You are covered by your employer under a group hospital-medical policy or a health maintenance organization (HMO) for at least three (3) months prior to being separated from your employment; and

◇ You do not have other similar insurance.

If you wish to continue your health insurance, you MUST give your employer written notice no later than forty-five (45) days after your last day of work.

IMPORTANT:

You will be responsible for paying the entire cost of the health insurance policy.

For further information about the program, you should contact your employer, or if necessary, telephone the Insurance Administration in Baltimore at (410) 468-2244 or 1-800-492-6116 (Ext. 2244).

State of Maryland
Maryland Department of Labor

THIS NOTICE APPLIES TO STATE LAW.
YOU MAY HAVE BROADER BENEFITS UNDER FEDERAL LAW.