



230 N Woodland Blvd Suite 262
Deland, FL 32720

02/01/2012

Mr. Richard Gardner
[REDACTED]

Dear Mr. Gardner:

This notice provides important information concerning your rights under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and what you have to do to continue your health care coverage under the Plan for you and your covered dependents, if any, as defined on the enclosed Family Member Enrollment Form. If you have any questions concerning the information in this notice or your rights to coverage, you should contact:

First Service Administrators Inc
3035 Lakeland Hills Blvd
Lakeland, FL 33805

This notice contains important information about rights that you may have related to continuation coverage in the County of Volusia Health Partnership Plan Group Health Plan (the Plan). Please read the information contained in this notice very carefully

If you do not elect to continue your health care coverage by completing the enclosed Enrollment Form, your coverage under the Plan will end on 01/21/2012 due to:

Your Termination that occurred on 01/20/2012

Each of the following qualified beneficiaries are being offered continuation under the Plan:

Richard Gardner

Because of the above qualifying event that will end your coverage under the Plan, you are entitled to continue your health care coverage for up to 18 months. If you elect to continue your coverage under the Plan, your continuation coverage will begin on 01/21/2012 and can last until 07/21/2013.

IMPORTANT-To elect continuation coverage, you **MUST** complete the enclosed "Enrollment Form" and return it to the address shown on the Enrollment Form. The completed Enrollment Form must be post-marked on or before 03/31/2012. If you do not submit a completed Enrollment Form by this date, you will lose your right to elect continuation coverage.

Each covered dependent has an equal right to accept or decline the coverage offered. If not all members of your family that are eligible for the coverage offered wish to continue coverage, please indicate that on the Dependent/Family Member Enrollment Form. Should some but not all of your dependents wish to continue coverage, you are welcome to call the telephone number above to obtain additional information about specific premium amounts due.

The total premiums due is shown on the Enrollment Form and on the Premium Computation Form. You should pay the total premium due at the time you send in the Enrollment Form, in order to complete your enrollment and continue your coverage. However, you may be allowed to delay the premium payment for up to forty-five (45) days after you have signed, dated and submitted your Enrollment Form. Any claims submitted for expenses incurred following the date of the Qualifying Event may be held in suspense until all premiums which are due have been paid.

Future premiums are due on the first of each month thereafter, and should be mailed on or before the due date. Failure to pay monthly premiums on or before each due date may terminate your participation in the Health Benefits Continuation Plan.

If you have any questions about the coverage, its length or the premiums due, please call Customer Service at (863) 293-0785 during regular business hours.

Sincerely,

First Service Administrators, Inc.
Cobra Specialist



County of Volusia Health Partnership Plan

230 N Woodland Blvd
Suite 262
Deland, FL 32720

02/15/2012

Mr. Richard Gardner
[REDACTED]

Dear Mr. Gardner:

We have received your initial premium payment for enrollment in the Group Health Continuation Plan, and premiums are now paid to 02/29/2012.

You have until 03/31/2012 to complete your enrollment by paying premiums through March. After premiums are received for March, premiums will be due each month for the plan(s) in which you and your dependents, if any, are covered.

Sincerely,

First Service Administrators, Inc.
Cobra Specialist



Dear Member:

Enclosed are your new identification cards. Please discard your old medical ID cards and begin using these new cards immediately. Please be sure to show your physician your new ID card to ensure that your claims are mailed to the proper address and benefits are paid promptly.

If you need more than the enclosed cards or have other questions, please contact First Service Administrators Customer Service at 800-767-2378 or 386-676-5770.

The local claims office is located at the address below:

Ormond Beach Address:

780 W Granada Blvd, Suite 250

Ormond Beach, FL 32174

Thank you.

[To remove cards, please FOLD BACK AND FORTH carefully along perforations and separate.]



Health Partnership Plan



Group Number: [REDACTED]

Group Name: COUNTY OF VOLUSIA

Employee Name: RICHARD S GARDNER

Employee ID: [REDACTED]

24-Hour Nurse Help Line: 877-582-7061

Submit Claims To:

FSAI
3035 Lakeland Hills Blvd
Lakeland, FL 33805-2225
EDI # 59069

Eligibility and Benefits

FSAI
(800) 767-2378
(386) 676-5770
<https://lin.myfsai.com>