

Discontinuance notice  
Ian's Law  
Group member notice

## Attachment A

### RIGHTS FOR INDIVIDUALS WITH A SERIOUS MEDICAL CONDITION

When a group policy is discontinued, a provision of New York Law (known as "Ian's Law") provides certain rights to an individual covered under the policy if:

1. The covered person has a serious medical condition; and
2. He or she has used a benefit under the group's policy in the last 12 months related to that condition; and
3. The benefit used is not covered by the replacement group policy from [Issuer].

If you or your dependent meet all of these criteria, [Issuer] must offer replacement group coverage to your employer providing benefits that are the same as (or substantially similar to) the benefits under the policy being discontinued that you (or your dependent) used in connection with the serious medical condition.

To find out more, you or your dependent must contact the Department of Financial Services ("DFS") in writing within 45 days of the date of this notice:

By email at: [classdiscontinuance@dfs.ny.gov](mailto:classdiscontinuance@dfs.ny.gov)

By mail at the following address: New York Department of Financial Services  
Health Bureau-Class Discontinuance  
One Commerce Plaza  
Albany, NY 12257

When contacting DFS, please provide the following information:

- Name and contact information of the person contacting DFS
- The name of the covered person with the serious medical condition
- The covered person's relationship to the person contacting DFS
- The name of the insurer
- The group policy number
- The covered person's insurance identification number
- The type of coverage (e.g., HMO, PPO, EPO)
- The name (or general description) of the covered person's serious medical condition
- The benefits under the policy related to the serious medical condition that the covered person has used within the previous 12 months
- If the benefits used include prescription drugs, identify the specific prescription drug
- Whether the replacement coverage available to your employer will cover the benefit related to the serious medical condition (if known)

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DFS will review the information provided and notify the person who contacted DFS if this right is applicable. If so, [Issuer] will offer your employer replacement coverage that includes the benefits used to treat the serious medical condition. If [Issuer] does not have replacement coverage available with these benefits, [Issuer] will allow your employer to continue the current group policy to ensure you (or your dependent) have access to the benefits. If in the future [Issuer] introduces an alternative health insurance policy that includes these benefits, your group may be required to switch to the alternative health insurance policy.

Please call [Issuer telephone number and hours of operation] with any questions you may have.