



Schuster Co.
2605 Lincoln Avenue SW
P.O. Box 1110
Le Mars, Iowa 51031
Phone: 800.831.4832 Ext 1402 Fax: 866-546-6976

January 1, 2013

Dear Plan Participant(s):

You are receiving this Notice because you are enrolled for medical, dental, and/or vision coverage under the Schuster Company group health plan. The Initial Notice and COBRA Continuation Coverage Notice form is being provided to you pursuant to requirements by the Department of Labor. It contains important information about your right to COBRA continuation coverage, which is a temporary extension of group medical, dental, and/or vision coverage under the group health plan under certain circumstances when coverage would otherwise end. COBRA applies only to the group health plan benefits (medical, dental, vision and health components).

This notice generally explains COBRA coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it. Please read this Notice and retain it. No further action is required unless you experience a COBRA qualifying event.

Since you are enrolled in the Schuster Company group health plan, you and/or your covered family members may be eligible for COBRA continuation coverage should a COBRA qualifying event occur. You will receive this Notice again should you experience a COBRA qualifying event.

If you have questions concerning the information contained in this Notice, please feel free to call the 800 number listed on your Wellmark ID card to speak with a Wellmark Customer Service Representative.

Sincerely,

Erica Wenzel
Group Administrator
Director of Human Resources