

# Health Plan Continuation Agreement

This Health Plan Continuation Agreement ("Agreement") is entered into by and between:

**Employee Name:**

**Employer Name:**

**Effective Date:**

## 1. Purpose

The purpose of this Agreement is to describe the terms under which the Employee may continue participation in the Employer's group health plan after termination of employment, in accordance with applicable laws.

## 2. Continuation of Coverage

The Employee may continue health plan coverage for a duration of:  months.

The Employee agrees to pay the required premium amount of: \$  per month to maintain coverage.

## 3. Terms and Conditions

- The Employee must submit payment by the due date each month.
- Coverage will terminate upon late or missed payment, or at the end of the continuation period.
- All plan policies and benefits remain as defined by the Employer's health plan.

## 4. Signatures

**Employee Signature:**

**Date:**

**Employer Representative Signature:**

**Date:**