

If You Die in Service

The Welfare Fund provides a package of benefits for the surviving covered spouse/covered domestic partner/and dependent child(ren) of an active covered employee who dies.

The extent of the coverage depends upon length of service, and it may fully or partially replace federally mandated COBRA coverage.

The benefits are the following, as described elsewhere in this booklet:

- Prescription Drugs
- Dental
- Optical
- Hearing Aid
- Major Medical (if applicable)

If the deceased covered employee had **ten (10) or more years** of full-time service with CUNY, coverage is extended for up to three years (36 months). After that coverage is exhausted, the spouse and/or dependents may purchase a Survivor Benefit which carries a premium charge. The package of benefits is the same as listed above, with the exclusion of Major Medical.

If the deceased covered employee had **fewer than ten (10) years** of full-time service with CUNY, coverage is extended for up to one year(12 months). After that coverage is exhausted, the spouse and/or dependents may purchase up to 24 months of [COBRA coverage](#) for a premium. After COBRA entitlement expires, the spouse and/or dependents may purchase a Survivor Benefit which carries a premium charge. The package of benefits is the same as listed above, with the exclusion of Major Medical.

Premium information is available from college personnel offices, which will also provide continuation/COBRA information on basic (Medical/Surgical/Hospital) coverage.

It is the responsibility of the surviving spouse (or covered domestic partner/covered dependent child(ren)) to notify the college personnel office and the Welfare Fund office of the death of the covered employee.

Spouse and dependents must continue to meet the requirements of eligibility under the Welfare Fund. This coverage is available only to those without other, comparable coverage. Failure to pay the premium will discontinue coverage permanently. Application forms are provided upon notification. The surviving spouse/domestic partner/covered dependent has 30 days from the date of notification to decide to purchase benefits.