BMO U.S. Health and Welfare Benefit Plan

Notice of Special Enrollment Rights

Under the Health Insurance Portability and Accountability Act (HIPAA), there are special enrollment rules that let you enroll or add your eligible dependents as long as you enroll within 31 calendar days (includes your hire date or benefit-eligible status date) from the date of one of these events:

- If you become married, even though you may have waived coverage initially, you and your spouse/domestic partner and newly acquired dependents may take advantage of special enrollment.

- If you choose employee only coverage or are not enrolled and you subsequently acquire a new dependent (whether through birth, placement for adoption or adoption), you may elect special enrollment for your spouse and child(ren), for the child(ren) only, or for yourself (if not previously enrolled). For the birth, adoption or placement for adoption of a new dependent you must apply for coverage within 90 calendar days of that birth, adoption or placement for adoption.

- If you decline enrollment for medical benefits for yourself or your eligible dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents in the medical benefits under this Plan mid-year if you or your eligible dependents lose eligibility for that other coverage (or if the other employer stops contributing towards your or your eligible dependents' other coverage). However, you must request enrollment within 30 days after your eligible dependents' other coverage ends (or after the other employer stops contributing towards the other coverage). Your election change will be effective as soon as practicable after the date the Plan receives your request for special enrollment. You are not required to take COBRA continuation under another plan to elect special enrollment under this plan.

- If you opt out of coverage under the plan (or you opt not to enroll your dependents) because COBRA continuation is in effect on your eligibility date, you (or your dependents) must exhaust the COBRA continuation period before you can elect special enrollment under the plan. This means you (or your dependents) must continue COBRA coverage for the entire COBRA period in order to have a special enrollment right under the plan. Failure to pay a COBRA premium or voluntary termination of coverage does not result in the exhaustion of COBRA.

- If you opt out of coverage under the Plan because you are covered in the individual market, including coverage purchased through a Marketplace health plan and you lose coverage under that plan (other than loss of eligibility for coverage due to failure to pay premiums on a timely basis or termination of coverage for cause, such as making a fraudulent claim or an intentional misrepresentations of a material fact), you may elect special enrollment for you and any eligible dependents that were covered under the Marketplace plan.

Neither you nor an eligible dependent is required to elect COBRA continuation under another employer's plan to become eligible for special enrollment. However, once you or your dependents elect COBRA continuation, if you also opted out of coverage under this plan, you and/or your dependents must complete the entire COBRA continuation period before you can enroll in this plan.

Special enrollment is also allowed if your other group health plan ends or the employer sponsoring the other group health plan stops making employer contributions. However, you must give notice and actually enroll in the plan within 31 days of either event. If you fail to do so, you must wait until the next annual enrollment for the plan, unless you have a subsequent qualifying life event or special enrollment event and give notice within 31 days of the subsequent change.

Changes are effective on the date of the qualifying life event.

Children's Health Insurance Program and Medicaid

You have 60 days to enroll for coverage if:

- your or your dependent's coverage under Medicare or a state Children's Health Insurance Program (CHIP) ends as a result of loss of eligibility (not available if the loss of coverage is due to non-payment); or
- you or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.