



<<DATE>>

<<MEM_FIRST>> <<MEM_LAST>>
<<ADDRESS1>>
<<ADDRESS2>>
<<CITY>>, <<STATE>> <<ZIP>>

Dear <<First Name>>,

WHY YOU'RE RECEIVING THIS LETTER

Blue Cross and Blue Shield of Kansas City (Blue KC) would like to provide you with the enclosed information as required by the recently passed American Rescue Plan Act of 2021 (ARP).

WHAT YOU NEED TO KNOW

- The ARP provides a temporary 100% premium subsidy for continuation coverage from April 1, 2021 through September 30, 2021. The enclosed "State Continuation of Coverage Election Notice" contains important information about your right to continue your health care coverage under your group health plan.
- To determine whether you are eligible for premium assistance under the ARP, carefully review the enclosed "State Continuation of Coverage Election Notice" and the "Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021."
- If you believe you are eligible, please complete the enclosed "Request for Treatment as an Assistance Eligible Individual" form and the enclosed "State Continuation of Coverage Election Form" and return it to Blue KC.
- The ARP provides enhanced tax credit eligibility through the ACA Marketplace. The new law provides financial assistance to consumers who previously did not qualify for premium tax credits. Due to the COVID-19 pandemic, this extra enrollment period lasts from February 15th through August 15th. Enrolling in a health plan from Blue KC is easy. Simply go to www.bluekcforyou.com/find-a-plan. Here you'll find information on how to choose a plan, as well as what you'll need when you're ready to enroll. If you have questions, please call one of our local experts at 1-888-204-5667, Monday through Friday, from 8:00 a.m. to 5:30 p.m.

QUESTIONS

If you have any questions, please call our Small Group COBRA Membership Team at 816-395-2950, Monday through Friday, from 8 a.m. to 8 p.m.

Sincerely,

Blue KC

Enclosures

Blue Cross and Blue Shield of Kansas City complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Blue Cross & Blue Shield of Kansas City provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Blue Cross & Blue Shield of Kansas City also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these language services, contact 844-395-7126 (Toll free), or languagehelp@bluekc.com. For TTY services, please call 711 (Toll free).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-844-395-7126。



State Continuation of Coverage Election Notice

(For use where coverage is subject to state continuation requirements during the period that begins with April 1, 2021 and ends with September 30, 2021.)

This notice contains important information about your right to continue your health care coverage under your group health plan, as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace^{®1}. To sign up for Marketplace coverage visit www.HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325). You may be able to get coverage through the Health Insurance Marketplace[®] that costs less than continuation coverage after the premium assistance expires. People in most states use www.HealthCare.gov to apply for and enroll in Marketplace coverage; if your state has its own Marketplace platform, you can find contact information here: www.HealthCare.gov/marketplace-in-your-state.

Please read the information in this notice very carefully before you make your decision. If you choose to elect continuation coverage, you should use the election form provided later in this notice.

The American Rescue Plan Act of 2021 (ARP) provides temporary premium assistance for continuation coverage. Premium assistance is available to certain individuals who are eligible for continuation coverage due to a qualifying event that is a reduction in hours or an involuntary termination of employment. If you qualify for premium assistance, you need not pay any of the continuation coverage premium otherwise due to the plan. This premium assistance is available from April 1, 2021 through September 30, 2021. If you continue your continuation coverage beyond this time, you may have to pay the full amount due.

To determine whether you are eligible for premium assistance under the ARP, carefully review this notice and the attached document titled “Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021.” **If you believe you are eligible, complete the “Request for Treatment as an Assistance Eligible Individual” and return it to the Blue KC with your completed State Continuation Election Form.**

To elect state continuation coverage, follow the instructions on the following pages to complete the enclosed State Continuation Election Form and submit it to Blue KC.

If you do not elect continuation coverage, your coverage will end as indicated in the Certificate. State continuation of coverage may be available to eligible employees and their dependents entitled to elect such coverage, which will continue group health care coverage for up to eighteen (18) months.

How much does continuation coverage cost?

The ARP reduces the continuation coverage premium for certain individuals. Premium assistance is available to certain individuals who experience a loss of coverage due to a reduction in hours or an involuntary termination of employment. If you qualify for premium assistance, you need not pay any of the continuation coverage premium otherwise due to Blue KC. This premium assistance is available from April 1, 2021 through September 30, 2021. If your continuation coverage lasts beyond September 30, 2021, you may have to pay the full amount due if you choose to continue your continuation coverage. Review the attached “Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021” for more details, restrictions, and obligations as well as the form to complete to establish eligibility. However, when your premium assistance ends, you may qualify for a special enrollment period to enroll in coverage through the Health Insurance Marketplace[®] (see section on “other coverage options” below).

Are there other coverage options besides continuation coverage?

Yes. There may be other coverage options for you and your family through the Health Insurance Marketplace[®], Medicare, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” You may apply for and enroll in Medicaid at any time. If you are not eligible for premium assistance under the ARP, some of these options may cost less than continuation coverage. If you are eligible for other group health coverage, such as through a new employer’s plan or a spouse’s plan (not including excepted benefits, a QSEHRA or a health FSA), or if you are eligible for Medicare, you are not eligible for ARP premium assistance. However, if you have individual market health insurance coverage, like a plan through the Marketplace, or if you have Medicaid, you may be eligible for ARP premium assistance if you elect continuation coverage. You will not be eligible for a premium tax credit, or advance payments of the premium tax credit, for your Marketplace coverage once you elect COBRA

¹ Health Insurance Marketplace[®] is a registered service mark of the U.S. Department of Health & Human Services.

continuation coverage, or for months during which you remain an employee but are eligible for COBRA continuation coverage with premium assistance because of a reduction of hours. If you're eligible for Medicare, consider signing up during its special enrollment period to avoid a coverage gap when your COBRA coverage ends and a late enrollment penalty.

You should compare your other coverage options with continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under continuation coverage because the new coverage may impose a new deductible. Also, keep in mind that if you elect continuation coverage with premium assistance, then you may qualify for a special enrollment period to enroll in Marketplace coverage when your premium assistance ends. You may use the special enrollment period to enroll in Marketplace coverage with a premium tax credit if you end your continuation coverage when your premium assistance ends and you are otherwise eligible.

When you lose job-based health coverage, it is important that you choose carefully between continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option until the next available open enrollment period.

Affordable Care Act (ACA) Health Plan Options

The American Rescue Plan provides enhanced tax credit eligibility through the ACA Marketplace. The new law provides financial assistance to consumers who previously did not qualify for premium tax credits. Due to the COVID-19 pandemic, this extra enrollment period lasts from February 15th through August 15th.

Enrolling in a health plan from Blue KC is easy. Simply go to www.BlueKCforyou.com/find-a-plan. Here you'll find information on how to choose a plan, as well as what you'll need when you're ready to enroll. If you have questions, please call one of our local experts at 1-888-204-5667, Monday through Friday, from 8:00 a.m. to 5:30 p.m.

For more information

This Notice does not fully describe continuation coverage or other rights with respect to your coverage. More information is available from your employer, Blue KC, or by consulting the contract/certificate of coverage. If you have any questions concerning the information in this notice or your continuation of coverage rights under state law, you may contact Blue KC at (816) 395-2950.

Keep Blue KC informed of address changes

In order to protect your and your family's rights, you should keep Blue KC informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to Blue KC.

Important Information about Your State Continuation Coverage Rights

For Missouri Groups Only:

Continuation coverage may be available under Missouri law if an individual is not eligible for COBRA under federal law. The following applies only to persons who do not have a right to continue coverage under COBRA.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including special enrollment rights.

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued only for up to a total of 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time,
- a qualified beneficiary first becomes covered, after electing continuation coverage, under another group health plan that does not impose any preexisting condition exclusion for a preexisting condition of the qualified beneficiary,
- a qualified beneficiary first becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- the employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

If you elect continuation coverage, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the Blue KC Member Services Department/COBRA Unit at (816) 395-2950 of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined under the Social Security Act (SSA) to be disabled. The disability has to have started at some time on or before the 60th day of continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined to no longer be disabled under the SSA, you must notify the Plan of that fact within 30 days after that determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered employee, divorce or legal separation from the covered employee, the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

How can you elect continuation coverage?

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee's spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

If you elect continuation coverage, you must complete and return the attached State Continuation of Coverage Election Form to the Blue KC Member Services Department/COBRA Unit within **60 days** of the date coverage would otherwise terminate.

Please Note: If you are currently enrolled in continuation coverage you only have to complete the "Request for Treatment as an Assistance Eligible Individual" form. You do not have to resubmit the State Continuation Election Form.

When and how must payment for continuation coverage be made if I am not eligible for the premium assistance or if I continue my continuation coverage past September 30, 2021?

If you elect continuation coverage, you must complete the State Continuation of Coverage Election Form enclosed and return it to Blue KC within **60 days** of the date coverage would otherwise terminate.

Your payment(s) for continuation coverage should be sent to your employer group.

For Kansas Groups Only:

Continuation coverage may be available under Kansas law if an individual is not eligible for COBRA under federal law. The following applies only to persons who do not have a right to continue coverage under COBRA.

State continuation of coverage is available to employees and their dependents when coverage terminates. In order to continue coverage, such individuals must have been continuously covered under the contract (or any similar group contract it replaced) for at least 3 months immediately prior to termination. The maximum period of continuation coverage under Kansas law is 18 months.

To continue group coverage, complete the State Continuation of Coverage Election Form enclosed and return it to BCBSKC along with the first month's premium payment within 31 days of the date coverage would otherwise terminate.

- (a) An employee or dependent shall not be entitled to continuation of coverage if:
 - (1) Coverage terminated for failure of the individual to pay timely premium;
 - (2) The individual is, or could be, covered by Medicare; or
 - (3) The individual is, or could be, covered to same extent by any other group plan; or
 - (4) The discontinued contract is replaced by similar group coverage within 31 days.

- (b) Continuation of coverage under Kansas state law shall terminate upon the earlier of the following:
 - (1) Eighteen (18) months after coverage would have otherwise terminated;
 - (2) The end of the period for which contributions were made if premiums are not paid timely;

- (3) The date the person becomes eligible to be covered under Medicare or any other group plan, whether or not covered;
or
- (4) The date on which the contract is terminated and replaced by similar group coverage within 31 days.

How can you elect continuation coverage?

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

If you elect continuation coverage, you must complete the State Continuation of Coverage Election Form enclosed and return it to Blue KC within **31 days** of the date coverage would otherwise terminate.

Please Note: If you are currently enrolled in continuation coverage you only have to complete the “Request for Treatment as an Assistance Eligible Individual” form. You do not have to resubmit the State Continuation Election Form.

When and how must payment for continuation coverage be made if I am not eligible for the premium assistance or if I continue my continuation coverage past September 30, 2021?

If you elect continuation coverage, you must complete the State Continuation of Coverage Election Form enclosed and return it to Blue KC along with the first month's premium payment within 31 days of the date coverage would otherwise terminate. After you make your first payment for continuation coverage, you will be required to make periodic payments for each subsequent coverage period. Although periodic payments are due on the dates shown above, you will be given a grace period of **31 days** after the first day of the coverage period to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. If you fail to make a periodic payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage.

You may contact the Blue KC Member Services Department/COBRA Unit to confirm the correct amount of your payment or to discuss payment issues related to the premium assistance.

Your payment(s) for continuation coverage (if you are not eligible for premium assistance or if you continue on such coverage past September 30, 2021) should be sent to: Blue KC Attn: Member Services Department/COBRA Unit 2301 Main Street Kansas City, MO 64108 – Mail Stop A5A1

State Continuation of Coverage Election Form

Instructions: To elect state continuation coverage, complete this State Continuation of Coverage Election Form and return to:

Blue KC
Attn: Member Services Department/COBRA Unit
2301 Main Street
Kansas City, MO 64108 – Mail Stop A5A1

Or Email: ContinuationQuestions@BlueKC.com

For **Missouri** groups, this form must be completed and returned to the Blue KC Member Services Department/COBRA Unit within 60 days of the date coverage would otherwise terminate.

For **Kansas** groups, this form must be completed and returned to the Blue KC Member Services Department/COBRA Unit within 31 days of the date coverage would otherwise terminate.

If you do not submit a completed State Continuation Election Form within these timeframes, you will lose your right to elect state continuation coverage. Read the important information about your rights included in the pages following this Election Form.

Please complete the following information to request state continuation coverage:

My group health coverage has terminated, but I understand that under certain conditions, my eligible dependents and I may continue the group health insurance coverage at the group rate for a period of time indicated in the “Continuation Coverage under State Law” Section of the contract/certificate of coverage. **For Kansas Groups only:** My eligible dependents and I have been continuously covered under my former employer’s contract (or any similar group contract that it replaced) for at least three (3) months immediately prior to termination.

For those electing either Missouri or Kansas State Continuation Coverage (as applicable), check the appropriate box:

- My group health coverage has terminated because of my termination of employment.
- My group health coverage was terminated because of a reduction in hours.
- I am a dependent whose group health coverage has terminated because of a divorce or death of the employee.

I hereby request state continuation coverage for the following individuals:

| Name | Date of Birth | Relationship to Employee | Social Security Number |
|------|---------------|--------------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

 Signature Date

 Printed Name Telephone Number

 Address City State Zip Code

 Name of Employer who Sponsored the Health Plan Group Number



Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021

President Biden signed H.R. 1319, the American Rescue Plan Act of 2021 (ARP), on March 11, 2021. This law subsidizes the full COBRA premium for “Assistance Eligible Individuals” for periods of coverage from April 1, 2021 through September 30, 2021.

To be eligible for the premium assistance, you:

- **MUST** have a COBRA qualifying event that is a reduction in hours or an involuntary termination of a covered employee’s employment;
- **MUST** elect COBRA continuation coverage;
- **MUST NOT** be eligible for Medicare; AND
- **MUST NOT** be eligible for coverage under any other group health plan, such as a plan sponsored by a new employer or a spouse’s employer. *

◆ **IMPORTANT** ◆

- ◇ If you do not elect to receive the premium assistance within 60 days of receipt of this form, you may be ineligible for the premium assistance.
- ◇ If you elect COBRA continuation coverage with premium assistance, and then become eligible for other group health plan coverage (not including coverage that is only excepted benefits (such as dental or vision coverage), a Qualified Small Employer Health Reimbursement Arrangement, or a health flexible spending arrangement), or if you become eligible for Medicare, you **MUST** notify the plan in writing. If you fail to provide this notice, you may be subject to a penalty of \$250 (or if the failure is fraudulent, the greater of \$250 or 110% of the premium assistance provided after termination of eligibility). You won’t be subject to the penalty if your failure to notify the plan is due to reasonable cause and not due to willful neglect.
- ◇ Employers that don’t satisfy COBRA continuation coverage requirements may be investigated by the Department of Labor and may be subject to an excise tax under the Internal Revenue Code.
- ◇ If you elect COBRA continuation coverage and are eligible for the premium assistance, you cannot claim the Health Coverage Tax Credit. You also cannot qualify for a premium tax credit to help pay for coverage through a Health Insurance Marketplace^{®2}, such as on HealthCare.gov, for any months that you are enrolled in COBRA continuation coverage with or without the premium assistance.

For information regarding state continuation coverage, the administration of the ARP Premium Assistance or to notify Blue KC of your ineligibility to continue paying reduced premiums, you can contact the Blue KC Member Services Department/COBRA Unit at (816) 395-2950, or by mail at:

Blue KC
Attn: Member Services Department/COBRA Unit
2301 Main Street
Kansas City, MO 64108 – Mail Stop A5A1

For more information regarding ARP premium assistance and eligibility questions, visit:

<https://www.dol.gov/cobra-subsidy> or contact the Department of Labor at askebsa.dol.gov or 1-866-444-EBSA (3272)

* This restriction does not include coverage under a plan that provides only excepted benefits, a qualified small employer health reimbursement arrangement, or coverage under a health flexible spending arrangement.

² Health Insurance Marketplace[®] is a registered service mark of the U.S. Department of Health & Human Services.

To apply for ARP Premium Assistance, complete this form and return it to the Blue KC Member Services/COBRA Unit at the address below along with your State Continuation Election Form. If you do not complete this form and return it within 60 days of receipt, you may be unable to receive the premium assistance.

Blue KC
Attn: Member Services Department/COBRA Unit
2301 Main Street
Kansas City, MO 64108 – Mail Stop A5A1
Email: ContinuationQuestions@BlueKC.com

You may also want to read the important information about your rights included in the “Summary of the Continuation Coverage Premium Assistance Provisions Under the American Rescue Plan Act of 2021.”

REQUEST FOR TREATMENT AS AN ASSISTANCE ELIGIBLE INDIVIDUAL

PERSONAL INFORMATION

Name and mailing address of employee (list any dependents on the back of this form)

Telephone number

Social Security number

To qualify, you must be able to check ‘Yes’ for all statements.

| | |
|--|--|
| 1. Coverage was terminated due to involuntary loss of employment or involuntary reduction in hours. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I timely elected (or am electing) state continuation coverage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I am NOT eligible for other group health plan coverage (or I was not eligible for other group health plan coverage during the period for which I am claiming premium assistance). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I am NOT eligible for Medicare (or I was not eligible for Medicare during the period for which I am claiming premium assistance). | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I make an election to exercise my right to the ARP premium assistance. To the best of my knowledge and belief all of the answers I have provided on this form are true and correct.

Signature → _____ Date → _____

Type or print name → _____ Relationship to employee → _____

FOR ISSUER USE ONLY

This application is: Approved Denied Approved for some/denied for others (explain in #3 below)
 Specify reason below and then return a copy of this form to the applicant.

REASON FOR DENIAL OF TREATMENT AS AN ASSISTANCE ELIGIBLE INDIVIDUAL

| | |
|--|--------------------------|
| 1. Loss of employment or reduction in hours was voluntary. | <input type="checkbox"/> |
| 2. Individual did not elect continuation coverage. | <input type="checkbox"/> |
| 3. Other (please explain) | <input type="checkbox"/> |

Signature of party responsible for continuation coverage administration for Blue KC

→ _____ Date → _____

Type or print name → _____

Telephone number → _____ E-mail address → _____

DEPENDENT INFORMATION (Parent or guardian should sign for minor children.)

Name Date of Birth Relationship to Employee SSN (or other identifier)

a. _____

| | |
|---|--|
| 1. I timely elected (or am electing) continuation coverage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am NOT eligible for other group health plan coverage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I am NOT eligible for Medicare. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Coverage was terminated due to involuntary loss of employment or involuntary reduction in hours. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I make an election to exercise my right to the ARP premium assistance. To the best of my knowledge and belief all of the answers I have provided on this form are true and correct.

Signature → _____ Date → _____

Type or print name → _____ Relationship to employee → _____

Name Date of Birth Relationship to Employee SSN (or other identifier)

b. _____

| | |
|---|--|
| 1. I timely elected (or am electing) continuation coverage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am NOT eligible for other group health plan coverage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I am NOT eligible for Medicare. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Coverage was terminated due to involuntary loss of employment or involuntary reduction in hours. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I make an election to exercise my right to the ARP premium assistance. To the best of my knowledge and belief all of the answers I have provided on this form are true and correct.

Signature → _____ Date → _____

Type or print name → _____ Relationship to employee → _____

Name Date of Birth Relationship to Employee SSN (or other identifier)

c. _____

| | |
|---|--|
| 1. I timely elected (or am electing) continuation coverage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I am NOT eligible for other group health plan coverage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I am NOT eligible for Medicare. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Coverage was terminated due to involuntary loss of employment or involuntary reduction in hours. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I make an election to exercise my right to the ARP premium assistance. To the best of my knowledge and belief all of the answers I have provided on this form are true and correct.

Signature → _____ Date → _____

Type or print name → _____ Relationship to employee → _____

Use this form to notify Blue KC that you are eligible for other group health plan coverage or Medicare.

Blue Cross and Blue Shield of
Kansas City

Participant Notification

Member Services
Department
COBRA Unit
2301 Main Street
Kansas City, MO 64108
Mail Stop A5A1

PERSONAL INFORMATION

Name and mailing address

Telephone number

Social Security number

PREMIUM ASSISTANCE INELIGIBILITY INFORMATION – Check one

I am eligible for coverage under another group health plan.
If any dependents are also eligible, include their names below.

Insert date you became eligible _____

I am eligible for Medicare.

Insert date you became eligible _____

IMPORTANT

If you fail to notify Blue KC of becoming eligible for other group health plan coverage or Medicare AND continue to premium assistance you may be subject to a penalty of \$250 dollars (or if the failure is fraudulent, the greater of \$250 or 110% of the amount of the premium assistance provided after termination of eligibility). You won't be subject to the penalty if your failure to notify Blue KC is due to reasonable cause and not due to willful neglect.

Eligibility is determined regardless of whether you take or decline the other coverage.

However, eligibility for coverage does not include any time spent in a waiting period.

To the best of my knowledge and belief all of the answers I have provided on this form are true and correct.

Signature → _____ Date → _____

Type or print name → _____

If you are eligible for coverage under another group health plan and that plan covers dependents you must also list their names here:
