



COBRA Services

Sample Beneficiary Letters



Table of Contents

Letter Descriptions2

Appendices:

Appendix A: COBRA Election Package 4

Appendix B: General Notice of COBRA Rights 19

Appendix C: Insignificant Shortfall Letter 27

Appendix D: Welcome Letter 30

Appendix E: Ongoing Coupon Cover Letter 33

Appendix F: Confirmation Letter 37

Appendix G: Early Termination Letter 41

Appendix H: Termination Conversion Letter 43

Appendix I: Termination for Non-Payment 46

Letter Descriptions

COBRA Election Notice

The COBRA enrollment materials sent to a participant that has experienced a COBRA qualifying event.

The Employer has the option of adding an “Employer Message” to the Election Package. Up to 2 messages can be added up to 5,000 characters in each message, including spaces. Please note that the employer message will display to all COBRA participants.

Apart from the Employer Message sections, this letter may not be customized.

General Notice Of COBRA Rights

Federal regulations require this letter be sent to any active employee who has recently enrolled in benefits. It informs the employee of their rights under federal COBRA law.

This letter may not be customized.

Insignificant Shortfall Letter

This letter is sent to a Qualified Beneficiary when WageWorks receives a premium payment that is less than the full monthly premium due. It is considered a "partial" payment. The letter informs the Qualified Beneficiary that the payment will reflect as a credit balance on the account. If the amount owed is at least 90% of the full premium, the participant will have an additional 30 days to submit the remaining payment. It also provides the Qualified Beneficiary with the necessary remittance information.

This letter may not be customized.

Welcome Letter

This letter is sent to a Qualified Beneficiary confirming their new COBRA election, a recent change they have made to their election or a change to their former employer's Health Plan that affects their elections.

This letter may be customized. If you would like to make changes to this letter, please contact your WageWorks Client Service Team.

Ongoing Coupon Cover Letter

This letter is sent to a Qualified Beneficiary confirming their new COBRA election, a recent change they have made to their election or a change to their former employer's Health Plan that affects their elections.

This letter may be customized. If you would like to make changes to this letter, please contact your WageWorks Client Service Team.

COBRA: Sample Beneficiary Letters

Confirmation Letter

This letter is sent to a Qualified Beneficiary confirming their new COBRA election, a recent change they have made to their election or a change to their former employer's Health Plan that affects their elections.

This letter may be customized. If you would like to make changes to this letter, please contact your WageWoks Client Service Team.

Early Termination Letter

This letter will be sent if a member's COBRA coverage terminates prior to the end of the 18, 29 or 36 month COBRA coverage period.

This letter may be customized. If you would like to make changes to this letter, please contact your WageWorks Client Service Team.

Termination Conversion Letter

This letter is sent to the Qualified Beneficiary 60 days prior to end of their COBRA coverage period.

This letter may be customized. If you would like to make changes to this letter, please contact your WageWorks Client Service Team.

Termination for Non-Payment

This letter is sent to a Qualified Beneficiary when WageWorks does not receive a premium payment by the allotted grace date or the Qualified Beneficiary did not remit the balance due from a partial payment within the time specified in the Insignificant Shortfall letter.

This letter may not be customized.

Appendix A: COBRA Election Package

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

BENEDIRECT

by WageWorks[®]

COBRA Continuation Coverage Election Notice
07/08/2020

CASELEC 1500000-000001



ROBERT SAMPLE
123 MAIN STREET
ANYWHERE, CA 90211

IMPORTANT NOTICE REGARDING YOUR COBRA CONTINUATION COVERAGE

The following notice contains important information about your right to continue coverage through the group health plan benefits sponsored by Tammy's Chocolate Factory (TEST CLIENT) (the "Plan(s)") as well as other health coverage options that may be available to you*, including coverage through the Health Insurance Marketplace ("Marketplace"). Your COBRA Election Form lists these specific benefits. Please see your Summary Plan Description ("SPD") for specific details about the Plan(s). Please make sure you read the information contained in this notice very carefully as it describes your rights and obligations under the COBRA regulations and keep this entire notice in a safe place to refer to as needed. More information regarding the Marketplace is provided at the end of this notice.

Enclosed in this packet you will find the following:

- **COBRA Election Notice and Other Health Coverage Alternatives** — this outlines your COBRA rights, including deadlines, duration of coverage(s), and your payment responsibilities.
 - o If you elect COBRA coverage, please note your coverage effective date will be as shown in this notice. This is generally the first day after your loss of coverage and cannot be changed.
 - o It is **your** responsibility to make timely payments even if you do not receive an invoice or coupons.
 - o If you have been deemed disabled by the Social Security Administration, please refer to the "**Can I Extend the Length of COBRA Coverage?**" section of this notice.
 - o If you become enrolled in other group health plan coverage or entitled to Medicare (under Part A, Part B, or both), please refer to the "**If I Elect COBRA Coverage, When Will My Coverage Begin and How Long Will the Coverage Last?**" section of this notice.
- **COBRA Election Form Instructions** — this is a summary of the important effective and deadline dates.
- **COBRA Election Form** — this is the required form which must be returned to our office on or before 09/08/2020 if you wish to elect COBRA coverage. Make sure you fill out the form completely and include your signature.

If you have any questions or require further clarification about this notice or your rights to COBRA coverage, please feel free to contact our office so we may assist you. Our Customer Service Representatives are available Monday through Friday between 7:00 am and 7:00 pm (Central) and can be reached at 800-526-2720. For questions regarding the Marketplace, please go to www.HealthCare.gov or call 1-800-318-2596. If you would like to speak to a licensed benefits advisor to help you understand all of your coverage options, please call Simply Covered at 1-877-470-3996.

Note: Notices are sent to the last known address on file with your plan sponsor. If the address(es) on this front page are not correct for each and every named qualified beneficiary, you must immediately notify WageWorks, Inc. and provide correct addresses so that we can provide them with this notification and election form. Otherwise, they may not receive notice of their rights and obligations under applicable law and lose their opportunity to elect continuation coverage.

If you have questions regarding the Plan(s) or to request a copy of your SPD, please contact Tammy's Chocolate Factory (TEST CLIENT).

* This document uses the terms "you" and "your" to refer equally to each qualified beneficiary identified in this notice.

Important information from Tammy's Chocolate Factory (TEST CLIENT)

TEST MESSAGE from client regarding life insurance conversion. Contact 1-555-555-5555 for more information.



COBRA ELECTION NOTICE AND OTHER HEALTH COVERAGE ALTERNATIVES

Date of Notice: 07/08/2020

Participant Name: Robert Sample – (Account #:00000000)
 Employer: Tammy's Chocolate Factory (TEST CLIENT)
 Qualifying Event: End of Employment

To: ROBERT SAMPLE and Eligible Covered Dependents of ROBERT SAMPLE (if applicable)

You are receiving this notice because your coverage under the Plan(s) will end/has ended as of 6/30/2020 due to the qualifying event designated above. Tammy's Chocolate Factory (TEST CLIENT) has retained WageWorks, Inc. to notify you in summary fashion of your rights and obligations regarding a temporary continuation of group health coverage according to a federal law called the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA). WageWorks, Inc. is the COBRA benefits service provider under the Plan(s).

What is COBRA Coverage?

COBRA permits qualified beneficiaries to elect to continue group health coverage under the Plan(s) listed in this notice for a limited period if coverage is lost as a result of certain events (“qualifying events,” described below). A qualified beneficiary is any of the following who is covered under the Plan(s) the day before the qualifying event: (1) the employee (including a retired employee), (2) the employee’s spouse (including the spouse of a retired employee), and/or (3) a dependent child (as defined by the Plan(s)) (including the dependent child of a retired employee). Also, a child who is born to, adopted by, or placed for adoption with a covered employee during a COBRA coverage period is considered a qualified beneficiary if enrolled in accordance with the terms of the Plan(s). A child of the covered employee receiving benefits pursuant to a qualified medical child support order (QMCSO), if enrolled in accordance with the terms of the Plan(s), is entitled to the same rights to elect COBRA coverage as any other covered dependent child. If any qualified beneficiary timely elects and pays for COBRA coverage for any of the Plan(s) listed in this notice, such coverage will be reinstated retroactively to the date it would have otherwise terminated.

COBRA coverage is generally the same coverage provided under the Plan(s) to similarly situated active individuals who are not on COBRA. Each qualified beneficiary who elects COBRA coverage will have the same rights under the Plan(s) as other similarly situated non-COBRA participants covered under the Plan(s) components elected by the qualified beneficiary, including special enrollment and annual enrollment rights (other than for Health Flexible Spending Account [Health FSA] coverage, for which there are special rules described below). COBRA (and the description of COBRA coverage contained in this notice) generally applies only to the group health plan benefits offered under the Plan(s) and not to any other benefits offered under the Plan(s) or by Tammy's Chocolate Factory (TEST CLIENT) (e.g., life insurance).

What is a Qualifying Event?

For covered employees, you may elect COBRA coverage if you lose coverage under the Plan(s) because of either one of the following qualifying events: (1) your hours of employment are reduced; or (2) your employment ends for any reason (other than gross misconduct on your part).

For the covered spouse of a covered employee (including the spouse of a retired employee), you may elect COBRA coverage if you lose coverage under the Plan(s) because of any of the following qualifying events: (1) the covered employee dies; (2) the covered employee’s hours of employment are reduced; (3) the covered employee’s employment ends (for reasons other than gross misconduct); (4) the covered employee becomes entitled to Medicare under Part A, Part B, or both (typically, this will not be a qualifying event for spouses of active employees due to the Medicare Secondary Payer rules); or (5) you and the covered employee divorce or legally separate. Also, if the covered spouse’s coverage is reduced or dropped by the covered employee in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation may be considered a qualifying event for the spouse even though the coverage was canceled or reduced before the divorce or legal separation. If the ex-spouse notifies the Plan Administrator within 60 days after the divorce or legal separation and the Plan Administrator determines, at its sole discretion based on the applicable facts and circumstances, that the coverage was dropped in anticipation of the divorce or legal separation, then COBRA coverage may be available beginning with the date of the divorce or legal separation (if properly elected).

For a covered dependent child of the covered employee (including the dependent child of a retired employee), you may elect COBRA coverage if you lose coverage under the Plan(s) because of any of the following qualifying events: (1) the covered employee dies; (2) the covered employee’s hours of employment are reduced; (3) the covered employee’s employment ends (for reasons other than gross



misconduct); (4) the covered employee becomes entitled to Medicare under Part A, Part B, or both (typically, this will not be a qualifying event for dependent children of active employees due to the Medicare Secondary Payer rules); (5) the covered employee and his/her spouse divorce or legally separate; or (6) you cease to be eligible for coverage under the Plan(s) as a “dependent child.”

Covered retired employees, covered spouses of retired employees, surviving spouses of retired employees, and covered dependent children of retired employees also have a right to elect COBRA coverage if retiree coverage is lost within one year before or after the commencement of proceedings under Title 11 (bankruptcy), United States Code.

How Can I Elect COBRA Coverage?

To elect COBRA coverage, you must complete the enclosed COBRA Election Form and submit it to WageWorks, Inc. as stated on the COBRA Election Form no later than the end of your election period, which is 09/08/2020. Under federal law, you have 60 days after the later of the date of this notice or the date coverage is lost under the Plan(s) to elect COBRA coverage. Any qualified beneficiary for whom COBRA is not elected within this election period will lose all rights to continue coverage under COBRA. See the COBRA Election Form Instructions in this packet for the Plan(s)'s procedures for revoking a waiver of COBRA coverage. If an election form is mailed, the postmark date will be used to determine if the election was made within the election period. If transmitted electronically (e.g., online), your election must be received by WageWorks, Inc. no later than the last day of the applicable election period.

You may also use the form to elect coverage for any other qualified beneficiaries identified in this notice. Each qualified beneficiary will have an independent right to elect COBRA. Covered employees and covered spouses (if the spouse is a qualified beneficiary) may elect COBRA on behalf of all the other qualified beneficiaries, and parents or legal guardians (whether qualified beneficiaries or not) may elect COBRA on behalf of their covered minor children who are qualified beneficiaries. If the election doesn't specify whether the coverage is for self-only or not, it will be assumed that the election is for all qualified beneficiaries identified in this notice. However, a qualified beneficiary employee or spouse may not decline coverage on behalf of his or her spouse or non-minor children (if the spouse or non-minor child is a qualified beneficiary). Your SPD will have more information on your election rights and obligations. If you need additional COBRA Election Forms, you should contact WageWorks, Inc..

Qualified beneficiaries who are entitled to elect COBRA coverage may do so even if they have other group health plan coverage or are entitled to Medicare benefits (under Part A, Part B, or both) on or before the date on which COBRA coverage is elected.

In considering whether to elect COBRA coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of COBRA coverage if you maintain COBRA coverage for the maximum time available to you. In addition, see the section of this notice titled “Are There Other Options Besides COBRA Coverage?” for a discussion of special enrollment in the Marketplace.

If I Elect COBRA Coverage, When Will My Coverage Begin and How Long Will the Coverage Last?

Generally, COBRA coverage is measured from the date of the qualifying event and not the loss of coverage date, even if coverage is not immediately lost as a result of the qualifying event unless stated otherwise in the applicable SPD.

In the case of a loss of coverage due to the end of employment or the reduction in hours of employment, coverage may generally be continued for up to 18 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 (under Part A, Part B, or both) less than 18 months **before** the qualifying event, COBRA coverage for qualified beneficiaries (other than the employee) who lose coverage as a result of the qualifying event can extend up to 36 months **from the date of the employee's Medicare entitlement**. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which her employment terminates, COBRA coverage for her spouse and children who lost coverage as a result of her termination of employment can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

In the case of a loss of coverage due to an employee's death, divorce or legal separation, an employee's becoming entitled to Medicare (under Part A, Part B, or both), or a dependent child ceasing to be a dependent under the terms of the Plan(s), coverage may be continued for up to 36 months provided that timely notice of the qualifying event was provided within 60 days of the later of the date of the event or the date coverage is lost as a result of the qualifying event (unless otherwise specified in the group health plan SPD).

If retiree coverage is lost within one year before or after the commencement of proceedings under Title 11 (bankruptcy), United States Code, COBRA coverage may last for the retired employee for life; COBRA coverage may last for the covered spouse and dependent children of the retired employee's for the life of the retiree (and if they survive the retiree employee, for 36 months after the retired employee's death); and, if the retired employee is not living when the qualifying event occurs, but the retired employee's surviving spouse is covered by the Plan(s), then COBRA coverage may last for the surviving spouse for life.

COBRA coverage under a Health FSA may only last through the end of the plan year in which the qualifying event occurs (unless stated otherwise in the group health plan SPD). Generally, this coverage may not be extended beyond the end of the plan year (see "Special Health FSA Rule," below) except for a grace period or carryover applicable to the plan year.

Once your maximum coverage period expires, you **may** be able to convert to an individual health insurance policy, if the Plan(s) provides a conversion privilege. If the Plan(s) provides a conversion privilege, you will receive notification within 180 days of the date your COBRA coverage is scheduled to expire so that you may obtain further information from your insurance company. In addition, you may want to contact the insurance carrier or the insurance department in the state in which you reside. Some states have enacted laws that require insurance carriers to extend coverage beyond the maximum COBRA coverage period.

The COBRA periods described above are maximum coverage periods. COBRA coverage may terminate before the end of the maximum coverage periods described above under the following circumstances: (1) when premiums are not paid timely; (2) when Tammy's Chocolate Factory (TEST CLIENT) no longer maintains any group health plan for any of its employees; (3) when a person who has elected COBRA coverage becomes covered by another group health plan as a covered employee or otherwise (NOTE: you or a family member is obligated to notify WageWorks, Inc. immediately when a qualified beneficiary becomes covered by another group health plan); (4) when a person who has elected COBRA coverage becomes entitled to Medicare (under Part A, Part B, or both), COBRA coverage for that person only may end on the date of Medicare entitlement (NOTE: you or a family member is obligated to notify WageWorks, Inc. immediately when a qualified beneficiary becomes entitled to Medicare); (5) when coverage was extended due to disability (as described below), and the disability no longer exists as determined by the Social Security Administration, the extended COBRA coverage for all qualified beneficiaries (not just the disabled qualified beneficiary) will terminate on the date that is the later of (a) the first of the month that begins more than 30 days after the Social Security Administration's determination; or (b) the end of the COBRA period that applies without regard to the disability extension; or (6) coverage may be terminated for cause, such as submitting fraudulent claims (NOTE: a termination of coverage for cause will be made on the same basis as used for terminating coverage for any active covered employee and covered dependents). If coverage is terminated early, you may lose eligibility for a conversion option, which might otherwise have been available.

Special Health FSA Rule

If you have coverage under a Health FSA that is an excepted benefit (as defined by HIPAA's portability rules), you may only continue coverage through the end of the plan year in which the qualifying event occurs (unless stated otherwise in the group health plan SPD), except for a grace period or carryover applicable to the plan year. Moreover, only those who have "underspent" their respective accounts as of the date of the qualifying event may elect Health FSA coverage. A qualified beneficiary has an "underspent" account if the account balance at the time of the qualifying event is equal to or more than the amount of the premiums for Health FSA COBRA coverage that will be charged for the remainder of the plan year. COBRA coverage will consist of the Health FSA coverage in force at the time of the qualifying event (that is, the elected annual limit, plus any applicable carryover permitted by the Plan(s), reduced by reimbursable claims submitted up to the time of the qualifying event). The "use-it-or-lose-it" rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year, and COBRA coverage will terminate at the end of the plan year (unless stated otherwise in the group health plan SPD), subject to any applicable grace period or carryover attributable to the plan year.

Special Rules for Leaves of Absence Due to Services in the Uniformed Services

If a covered employee takes a leave of absence to perform services in the Uniformed Services (as addressed in the Uniformed Services Employment and Reemployment Rights Act [USERRA]) that is expected to last 31 days or more, the covered employee may be able to continue health coverage for the employee and any covered dependents until the earlier of 24 months from the date the leave began or the date that the employee fails to return to work as required under USERRA. The cost to continue this coverage during periods of 31 days or more is 102 percent of the applicable premium. The USERRA continuation period will run concurrent with the COBRA period described herein. The rights described in this notice apply only to the COBRA continuation period. Notwithstanding anything to the contrary in this notice, continuation of coverage during a military leave of absence covered under USERRA will be administered in accordance with the requirements of USERRA.

Can I Extend the Length of COBRA Coverage?

Disability

If a qualified beneficiary is determined by the Social Security Administration (“SSA”) to have been disabled, all of the covered qualified beneficiaries may be entitled to receive an additional 11 months of COBRA coverage, for a maximum of 29 months. This extension is only available for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee’s termination of employment or reduction of hours. This disability must have started prior to or within the first 60 days of the COBRA period and must last at least until the end of the period of COBRA coverage that would otherwise be available without the disability extension (generally 18 months, as described above). The disability extension is available only if you mail written notice of the SSA’s determination to WageWorks, Inc. before the end of the 18-month COBRA period or the 60-day notice period (described below), whichever occurs first. The SSA determination document must include **the date you became disabled**. If the date is not on your documentation, you must contact your local SSA office to obtain this information to send to WageWorks, Inc. in order to apply for the 11-month extension. The 60-day notice period ends 60 days after the latest of (1) the date of the SSA’s disability determination; (2) the date of the qualifying event (i.e., the covered employee’s termination of employment or reduction of hours); (3) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan(s) as a result of the covered employee’s termination of employment or reduction of hours; or (4) the date that you receive this notice or the SPD. If applicable notice procedures are not followed or if the notice is not provided during the applicable notice period, then you may be determined to be ineligible to receive the disability extension. This determination is at the sole discretion of the Plan Administrator. If the qualified beneficiary is determined by the SSA to no longer be disabled, you must notify WageWorks, Inc. in writing within 30 days of the SSA’s determination.

Second Qualifying Events

If a qualified beneficiary receiving COBRA coverage experiences another qualifying event during the 18- or 29-month COBRA coverage period following the employee’s termination of employment or reduction of hours, the qualified beneficiary spouse and/or dependent children receiving COBRA may receive up to a maximum of 36 months from the qualifying event date (or from the loss of coverage date if COBRA is measured from that date) that was a termination of employment or reduction in hours of employment if notice of the second qualifying event is properly given to the Plan(s). A qualified beneficiary will only be entitled to an extension if the same event would have caused a loss of coverage under the Plan(s) if it were the original event. The extension may be available to the qualified beneficiary spouse and/or dependent children for one of the following reasons: (1) divorce or legal separation from the covered employee; (2) the covered employee becomes entitled to Medicare but dependents do not; (3) the dependent child no longer meets definition of a “dependent” according to the terms of the Plan(s); or (4) the death of a covered employee. **In all of these cases, you must notify WageWorks, Inc. of the second qualifying event within 60 days of the event. You will not be entitled to the extension if you fail to provide timely notice.** The notice must include the names and addresses of all qualified beneficiaries, the type of event, the date of the event, and any additional information deemed necessary by the Plan(s) for making the appropriate determination applicable to the notice (e.g., a copy of the decree of divorce or legal separation, a death certificate or published obituary, a birth certificate to establish the date that a child reached the limiting age).

How Much Does COBRA Coverage Cost?

Once coverage has been elected, full premiums must be paid on a timely basis for coverage to remain in effect. Generally, each qualified beneficiary is required to pay the entire cost of COBRA coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of COBRA coverage due to a disability, 150 percent when coverage includes the disabled person) of the cost to the group health plan (including both employer and employee contributions for coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA coverage). Please refer to the COBRA Election Form Instructions concerning how to make premium payments and the COBRA Election Form for the specific premium amount(s). The basic rates may change annually, usually following open enrollment.

Your initial premium payment must be made within 45 days after the date you elect to continue coverage. Your election date is the date on which your completed COBRA Election Form is postmarked (if mailed) or the date on which your COBRA election is successfully submitted electronically (e.g., online). For example, if an election is postmarked on March 15, the premium must be paid no later than April 29. Your initial premium amount must include all premiums due for coverage from the date coverage would have otherwise terminated through the last day of the monthly coverage period ending on or before the 45th day following the date of the COBRA election. For example, assume coverage ended on January 31 and an election to continue coverage was dated March 15. Premiums for February and March must be paid by April 29, the 45th day after the date of the election. If coverage ended on January 22 instead of January 31, you would owe premiums for the nine remaining coverage days in January in addition to the premiums for February and March.



After the initial premium payment is made, you'll have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in the COBRA Election Form included in this packet. The periodic payments can be made on a monthly basis. Under the Plan(s), each of these periodic payments is due on the first of each month for that month of COBRA coverage. In addition, you will have a 30-day grace period following the due date. Premiums must be paid in full by the end of the grace period to avoid retroactive cancellation. **Your postmark date will determine the date premium payment is considered made.**

IMPORTANT: If you pay a monthly payment later than the first day of the month to which it applies, but before the end of the grace period for that month, your coverage under the Plan(s) may be suspended as of the first day of the month and then retroactively reinstated (going back to the first day of the month) when the monthly payment is received. This means that any claims for benefits you submit for coverage while coverage is suspended may not be processed and paid until after you have timely paid the full premium. WageWorks, Inc. will not request an update of eligibility for any qualified beneficiary until the monthly premium due is received and applied. Depending upon the timing of receipt of a premium payment, it may take several days to process and update eligibility with your insurance carrier(s).

Premium payments are considered paid on the date you mail them (as evidenced by your postmark date). If your premium payment is made by check, your premium is treated as unpaid if your check is returned because of insufficient funds or there is otherwise a discrepancy with your payment (e.g., funds are not immediately available or verifiable, an invalid banking account number, unsigned checks, incorrect payment amounts, payments sent to the wrong address, late or missed pickups by the United States Postal Service). WageWorks, Inc. cannot guarantee you will be notified of the discrepancy in time to correct your payment prior to the end of any applicable grace period. You must make full payment within the required time period, including a grace period, to prevent cancellation. **If you submit any premium payment after the required postmark date, or if you submit any premium payment and you are otherwise ineligible for coverage, these payments will be refunded to you. Acceptance of premium payments by WageWorks, Inc. is not an indication that coverage is in force. If your coverage is canceled for non-payment of premiums, you cannot reinstate it.**

If you fail to make a monthly payment before the end of the grace period for that month, you will lose all rights to COBRA coverage under the Plan(s) and your coverage will end as of the last day of the last month for which you made a full and timely premium payment. If claims are paid for expenses incurred during a month for which premium was not paid timely, you will be required to reimburse the Plan(s) for the claims paid. WageWorks, Inc. is a third-party administrator and is not engaged in the provision of health care benefits. Any deposit of payment by WageWorks, Inc. prior to return of such money will not constitute an acceptance of the premium payment. Waiting until the end of the grace period to make your payment could also put you at risk of not having sufficient time to correct errors. In the event the employer or plan sponsor terminates the Plan(s) (through voluntary termination or bankruptcy) your group health coverage may be terminated retroactively. In this event, WageWorks, Inc. cannot guarantee a refund of your payment if WageWorks, Inc. has already forwarded that payment to the employer or plan sponsor for payment on your behalf.

What if I Am Eligible for Trade Adjustment Assistance?

The Trade Act of 2002 created the Health Coverage Tax Credit (HCTC) for certain individuals who become eligible for trade adjustment assistance and for certain retired individuals who are receiving pension payments from the Pension Benefit Guaranty Corporation (PBGC) ("Eligible Individuals"). The HCTC expired on January 1, 2014, but was retroactively reinstated and modified by the Trade Adjustment Assistance Reauthorization Act of 2015 and the Further Consolidated Appropriations Act of 2020 for coverage periods beginning before January 1, 2021. Under these tax provisions, Eligible Individuals can either take a tax credit or receive advance payment of 72.5 percent of premiums paid for qualified health insurance, including COBRA coverage. For more information, visit www.irs.gov/HCTC.

What Notice(s) Must Be Provided to WageWorks, Inc.?

After you have elected COBRA coverage, you or a family member must provide written notice promptly when and if the following events occur: (1) when the mailing address for any covered person changes or moves out of the benefit area (NOTE: a new address may impact your eligibility for any Plan(s) components in which you are enrolled; you will also need to contact your insurance carrier(s) to confirm eligibility); (2) when a qualified beneficiary is determined by the SSA to be disabled; (3) when a disabled covered person is no longer determined to be disabled; (4) when any qualified beneficiary becomes entitled to Medicare; (5) when any qualified beneficiary becomes covered by another group health plan; (6) when any qualified beneficiary's marital status changes; (7) when any dependent child ceases to meet the eligibility requirements under the terms of the Plan(s); and (8) when a child is born to, adopted by, or placed for adoption with any qualified beneficiary.



Any required notice that the qualified beneficiary is required to furnish must be sent in writing to WageWorks, Inc. P.O. Box 34740 Louisville, KY 40232-4740. If different addresses and/or notice procedures for providing required notices to the Plan(s) appear in the most recent SPD of the Plan(s), you must follow those notice procedures and/or deliver your notice to that address. If you do not have a copy of the most recent SPD, you may request one from Tammy's Chocolate Factory (TEST CLIENT). Oral notice (including notice by telephone) is not acceptable. If mailed, your postmark date will determine the date on which the required notice was given. If transmitted electronically (e.g., e-mail), your notice must be received by WageWorks, Inc. no later than the last day of the applicable notice period.

Any notice you provide to WageWorks, Inc. must contain the name of the Plan(s) (the group health plan benefits sponsored by Tammy's Chocolate Factory (TEST CLIENT); the name, WageWorks, Inc. account number or Social Security number, and address of the employee/former employee who is or was covered under the Plan(s); the name(s) and address(es) of all qualified beneficiaries who lost or will lose coverage as a result of the second qualifying event (if applicable); the second qualifying event (e.g., a divorce or legal separation, the covered employee's death, a child's loss of dependent status) (if applicable); and the certification, signature, name, address, and telephone number of the person providing the notice.

Any notice you provide to the Plan Administrator must also contain the information indicated directly above, unless other procedures are specified in the most recent SPD. Contact Tammy's Chocolate Factory (TEST CLIENT) to request a copy of your SPD.

The employee/former employee who is or was covered under the Plan(s), a qualified beneficiary who lost coverage due to the qualifying event described in the notice, or a representative acting on behalf of either may provide notices. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage due to the qualifying event described in the notice.

Any determinations concerning the Plan(s) are at the sole discretion of the Plan Administrator.

Are There Other Options Besides COBRA Coverage?

Instead of enrolling in COBRA coverage, there may be other more affordable coverage options for you and your family through the Marketplace, Medicaid, Medicare, or other group health plan coverage options (such as plan sponsored by your spouse's employer) through what is called a "special enrollment period." Some of these options may cost less than COBRA coverage. You should compare your other coverage options with COBRA 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 COBRA because the new coverage may impose a new deductible. When you lose job-based health coverage, it is important that you choose carefully between COBRA coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option. Also, if you elect coverage through the Marketplace, you may experience a gap in coverage between the date you lose coverage under the group health plan and the date coverage through the Marketplace begins (whereas you will not experience a gap if you elect and pay for COBRA coverage).

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premiums, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace, you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Marketplace may cost less than COBRA coverage. Being offered COBRA coverage won't limit your eligibility for coverage or for a tax-credit through the Marketplace (unless you are a current employee and the COBRA coverage is affordable and provides minimum value).

When Can I Enroll in Marketplace Coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based coverage is a "special enrollment event." **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage. To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.



If I Elect COBRA Coverage, Can I Switch to Coverage in the Marketplace?

If you elect COBRA coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." NOTE: if you terminate your COBRA coverage early without another qualifying event, you will have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim. Once you've exhausted your COBRA coverage and the coverage expires, you will be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

What About If I Choose Marketplace Coverage and Want to Switch Back to COBRA Coverage?

If you sign up for Marketplace coverage instead of COBRA coverage, you cannot switch back to COBRA coverage after your election period ends.

Can I Enroll in Another Group Health Plan?

You may be eligible to enroll in coverage under another group health plan (such as a spouse's plan) if you request enrollment within 30 days of the loss of coverage. If you or your dependent chooses to elect COBRA coverage instead of another group health plan for which you are eligible, you will have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA coverage.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period* to sign up, beginning on the earlier of

- the month after your employment ends; or
- the month after your group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information, visit <https://www.medicare.gov/medicare-and-you>.

What Factors Should I Consider When Choosing Coverage Options?

- **Premiums:** Your previous plan can charge up to 102 percent of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you are currently receiving care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider other options for health coverage.
- **Drug Formularies:** If you are currently taking medication, a change in your health coverage may affect your costs for medication — and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance Payments:** If you lost your job and received a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas — so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

* These rules are different for people with End State Renal Disease (ESRD). Please visit <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods> for more information.

For More Information

This notice does not fully describe COBRA coverage or other rights under the Plan(s). More information about COBRA coverage and your rights under the Plan(s) is available in your SPD or from the Plan Administrator. Your SPD includes additional details about the Plan(s), including contact information for your Plan Administrator. Please consult Tammy's Chocolate Factory (TEST CLIENT) to request a copy of your SPD if needed.

You may also contact WageWorks, Inc., which is the COBRA Service Provider for the Plan(s), if you have any questions about this notice or your COBRA coverage rights and obligations under federal law.

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740
Phone: 800-526-2720
Website: <https://benedirect.wageworks.com>

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect your and your family's rights, keep Tammy's Chocolate Factory (TEST CLIENT) informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you sent to Tammy's Chocolate Factory (TEST CLIENT) or WageWorks, Inc..



COBRA ELECTION FORM INSTRUCTIONS

Participant Name: ROBERT SAMPLE – (Account #: {00000000})

Employer: Tammy's Chocolate Factory (TEST CLIENT)

Date of Notice: 07/08/2020

**COBRA Coverage Start Date (if Elected): 07/01/2020

*Date of Coverage Loss: 6/30/2020

***Maximum COBRA Eligibility End Date (if Elected): 12/31/2021

Qualifying Event: End of Employment

Election Deadline: 09/08/2020

If you choose to elect COBRA coverage, please complete the attached COBRA Election Form and mail it to WageWorks, Inc. at P.O. Box 34740 Louisville, KY 40232-4740. You may also fax the completed COBRA Election Form to 1-833-514-6416.

IF YOU WANT TO ELECT ONLINE: You can complete your enrollment online at <https://benedirect.wageworks.com>. The information you provide in connection with your online enrollment is kept confidential in accordance with the WageWorks, Inc. privacy policy, which you can find at <https://benedirect.wageworks.com>. (Note: This option is available to covered employees only; dependent access is unavailable.)

Notes:**Electing COBRA Coverage**

- o Oral elections will not be accepted. Elections must be made in accordance with these COBRA Election Form Instructions.
- o Your election must be made on or before 09/08/2020. If you mail your election to WageWorks, Inc., it must be postmarked on or before 09/08/2020. If WageWorks, Inc. does not receive the COBRA Election Form and/or premium payment(s), you will be responsible for proving that you mailed these by the applicable deadline(s) described in this notice. You may follow up with WageWorks, Inc. several days after you have mailed to the form to ensure WageWorks, Inc. received it. If you electronically submit your COBRA election, you must successfully submit it in accordance with the online instructions on or before 11:59 PM (Central) on 09/08/2020.
- o If you do not elect COBRA coverage by 09/08/2020, you will lose your right to elect COBRA coverage.
- o If you reject your right to COBRA coverage before the Election Deadline, you may change your mind as long as you do so before the original Election Deadline, which is 09/08/2020. Unless otherwise provided in the Plan(s)' SPD, you can revoke a waiver of the right to COBRA coverage by submitting a completed COBRA Election Form in accordance with the instructions above before the original Election Deadline. However, if you change your mind after first rejecting COBRA, Tammy's Chocolate Factory (TEST CLIENT) is not required to provide COBRA coverage for the period ending with the date on which your revocation is made (which means you could possibly have a gap in coverage).

* See below for individual plan termination dates.

** See below for individual plan continuation start dates.

*** See "Special Health FSA Rule," below, for maximum COBRA eligibility periods under a Health FSA component.



Paying for COBRA Coverage

- o If you choose to elect COBRA coverage, you do not have to send any premium payment(s) with the COBRA Election Form.
- o If you choose to elect COBRA coverage, you must make your initial COBRA coverage premium payment within 45 days of the date of your election. Upon your election, you may receive an invoice or coupons for the cost of COBRA coverage from the date on which you lost or will lose active coverage under the Plan(s) through the end of the current month. COBRA coverage under the Plan(s) will be canceled, and reinstatement not allowed, if this first premium payment is not made within 45 days of the date of the original election of COBRA coverage. **Please refer to the “How Much Does COBRA Coverage Cost?” section of this notice for more information regarding initial and subsequent premium payments.**
- o Once your election is processed, you may receive a courtesy invoice or coupons for the COBRA premium(s) due each coverage period. Subsequent premium payments will be due by the premium due date and full payment must be made by the grace period end date **even if you do not receive an invoice or coupons**. Premium payments are considered paid on the date you mail them (as evidenced by the postmark date). You must make full payment within the required time period, including a grace period, to prevent cancellation. **If you submit any premium payment after the required postmark date, or if you submit any premium payment and are otherwise ineligible for coverage, these payments will be refunded to you. Acceptance of premium payments by WageWorks, Inc. is not an indication that coverage is in force.**
- o Please note that your **initial and ongoing payments** will be sent to a different address than the COBRA Election Form. Please make checks payable to: WageWorks, Inc., P.O. Box 650650, Dallas, TX 75265-0650.
- o Note: The payment address only accepts regular USPS mail; overnight packages are not accepted.
- o Payments generally post to your account within 5 to 7 business days of mailing or submitting your payment online (if applicable).
- o You may make premium payments online (transfer fees may apply) by accessing your account at <https://benedirect.wageworks.com>.

If you have any questions or require further clarification about your premium payments, please contact WageWorks, Inc. at 800-526-2720.



WageWorks, Inc.
 P.O. Box 34740
 Louisville, KY 40232-4740

07/08/2020

COBRA ELECTION FORM

Participant Name: ROBERT SAMPLE -- Account #: 00000000	
Employer: Tammy's Chocolate Factory (TEST CLIENT)	Election Deadline: 09/08/2020

Section A1. Group Health Plan Component(s)

Place an "X" in the box adjacent to the monthly cost of the group health plan component(s) you are selecting. Please note that you may not obtain coverage above that which was in effect on your Date of Coverage Loss.

PlanType / Plan	Coverage Level	Monthly Cost	Date of Group Health Coverage Component Loss	COBRA Coverage Start Date if Electing
Medical				
A Medical Plan	<input type="checkbox"/> Beneficiary Only (*)	\$424.61	06/30/2020	07/01/2020
Dental				
Dental Plan	<input type="checkbox"/> Beneficiary Only (*)	\$26.47		

Section B. Participant Information

Each person identified in this section is recognized by the Plan(s) as being entitled to elect COBRA with respect to the qualifying event. Please verify our records are accurate and make changes as necessary. You MUST select the plan type for each individual identified below that you intend to cover. If you need additional COBRA Election Forms, please contact WageWorks, Inc. at 800-526-2720 or you can go to <https://benedirect.wageworks.com>.

Participant Name	Plan Type	Relationship	Birth Date	Gender
Robert Sample	<input type="checkbox"/> Medical	Employee	01/01/1970	M
	<input type="checkbox"/> Dental	Employee		M



Section C. Medicare Entitlement

Is the covered employee enrolled in Medicare Part A, Part B or both?

Yes No

If yes, please provide the enrollment date, as shown on the Medicare card: _____

Applicant's Authorization and Agreement:

By my signature below:

- I elect COBRA continuation of the group health plan component(s) checked in Section A1 under the Plan(s);
- I understand that any COBRA election I make above is assumed to include an election for all other qualified beneficiaries identified above except as specified otherwise above;
- I understand that claims may not be paid by the insurance carrier(s) until my initial premium payment has been received, processed, and applied; and
- I attest that I have read and understand the information provided to me in this notice.

Deadline for Election: 09/08/2020

Signature of Participant

Date

Print Name of Participant

Email Address

Primary Phone Number

(Election Forms received without a signature will be rejected and potentially cause delay in your COBRA coverage.)



Appendix B: General Notice of COBRA Rights

ABC Company
P.O. Box 123
Anywhere, IN 44444-123

07/14/2020

CASINCR 111111-000001



Sally M Sample
123 Main Street
Anywhere, IN 46804

IMPORTANT GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

To: **Sally M Sample** and Eligible Covered Dependents of Sally M Sample (if applicable)

Introduction

This is for informational purposes only. You are receiving this notice because you recently gained coverage through the group health plan benefits sponsored by ABC Company (the 'Plan(s)'). ABC Company has retained WageWorks, Inc. to assist with its COBRA administration. The following information about your rights and obligations under a federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA) is very important. While no action or response is required unless you or your eligible dependent(s) experience a loss of coverage under the Plan(s), both you and your covered spouse (if applicable) should read this summary of rights very carefully, retain it with other Plan(s) documents, and refer to it in the event that any action is required on your part.

COBRA requires that most employers providing group health plans offer participants and/or their covered family members the opportunity for a temporary extension of group health plan coverage ('COBRA coverage') at group rates under certain circumstances when coverage under the Plan(s) would otherwise end. COBRA (and the description of COBRA coverage contained in this notice) generally applies only to the group health plan benefits offered under the Plan(s) – such as any major medical, dental, vision, health flexible spending account ('Health FSA'), or any other employer-sponsored Plan(s) component which provides medical care - and not to any other benefits offered under the Plan(s) or by ABC Company (e.g., life insurance).

What is COBRA Coverage?

COBRA coverage is continuation of coverage under the Plan(s) by qualified beneficiaries who lose coverage as a result of certain qualifying events (described below). After a qualifying event occurs and any required notice of that event is properly provided to the Plan Administrator, COBRA coverage must be offered to individuals who lose coverage under the Plan(s) and are qualified beneficiaries.

A qualified beneficiary is any of the following who are covered under the Plan(s) on the day before a qualifying event:
(1) the employee (including a retired employee), (2) the employee's spouse (including the spouse of a retired

employee), and/or (3) a dependent child (as defined by the Plan(s)) (including the dependent child of a retired employee). Also, a child who is born to, adopted by, or placed for adoption with a covered employee during a COBRA coverage period is considered a qualified beneficiary if enrolled in accordance with the terms of the Plan(s). A child of the covered employee receiving benefits pursuant to a qualified medical child support order (QMCSO), if enrolled in accordance with the terms of the Plan(s), is entitled to the same rights to elect COBRA coverage as any other covered dependent child.

You do not have to show that you are insurable to elect COBRA coverage. Under the Plan(s), however, qualified beneficiaries who elect COBRA coverage must pay for COBRA coverage. Generally, a qualified beneficiary will have to pay 102 percent of the 'applicable premium' (as defined in COBRA) for your COBRA coverage (and possibly up to 150 percent of the 'applicable premium' during the 11-month disability extension [see 'Disability Extension of an 18-Month COBRA Coverage Period,' below]). The 'applicable premium' is the total cost of coverage to the Plan(s) as determined in accordance with COBRA. The first COBRA premium is due 45 days after the date you make your COBRA coverage election. All subsequent premiums are typically due the first day of each month with a 30-day grace period by which a complete premium must be made.

The law also requires that, at the end of the 18-, 29-, or 36-month COBRA coverage period, you must be allowed to enroll in an individual conversion health plan provided under the current group health plan, if the plan provides a conversion privilege.

How is COBRA Coverage Provided?

ABC Company is obligated to notify the Plan Administrator of the occurrence of these qualifying events: (1) the reduction in hours of an employee's employment; (2) the termination of the employee's employment (for reasons other than his or her gross misconduct); (3) the death of the employee; (4) the commencement proceedings under Title 11 (bankruptcy), United States Code with respect to the employer (in the case of retiree coverage only); or (5) the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

You must give notice of some qualifying events. For the other qualifying events (i.e., divorce or legal separation of the employee and a covered dependent child losing eligibility for coverage under the Plan(s) as a 'dependent child'), a COBRA election will be available to you only if you notify the Plan Administrator in accordance with the notice procedures described in the section of this notice titled 'Notice Procedures for All Required Notices from Qualified Beneficiaries,' unless other procedures are specified in the most recent SPD. Contact ABC Company to request a copy of your SPD. Such notice must be provided no later than 60 days after the date of the qualifying event or the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan(s) as a result of the qualifying event, whichever is later. If you fail to provide a timely qualifying event notice in accordance with the notice procedures specified in this notice (or the procedures specified in the most recent SPD, if those are different), the qualified beneficiaries will lose their right to a COBRA election. If any claims are mistakenly paid for expenses incurred after the qualifying event, then you and your eligible dependent(s) will be required to reimburse the Plan(s) for any claims so paid.

How do Qualified Beneficiaries Elect COBRA Coverage?

When the Plan Administrator is notified that one of these events has happened, notice of your right to elect COBRA will be provided.

Each qualified beneficiary has an independent right to make a COBRA election. Covered employees and covered spouses (if the spouse is a qualified beneficiary) may elect COBRA coverage on behalf of all the qualified beneficiaries, and parents or legal guardians (whether qualified beneficiaries or not) may elect COBRA coverage on behalf of their covered minor children who are qualified beneficiaries. However, a qualified beneficiary employee or spouse may not decline COBRA coverage on behalf of his or her covered spouse or an adult covered dependent child (if the spouse or adult covered dependent child is a qualified beneficiary).

Under the law, you will have 60 days from the later of the date you would lose coverage under the Plan(s) or the date the COBRA Election Notice is provided. Any qualified beneficiary for whom COBRA coverage is not timely elected will lose COBRA coverage election rights.

How Long Does COBRA Coverage Last?

Unless specifically stated otherwise in the applicable SPD, COBRA coverage is measured from the date of the qualifying event, even if coverage is not immediately lost.

In the case of a loss of coverage due to the covered employee's termination of employment or reduction in hours of the covered employee's employment, COBRA coverage may generally last for up to 18 months.

In the case of all other qualifying events (except the commencement of proceedings under Title 11 (bankruptcy), United States Code), COBRA coverage may last for up to 36 months.

If retiree coverage is lost within one year before or after the commencement of proceedings under Title 11 (bankruptcy), United States Code, COBRA coverage may last for the retired employee for life; COBRA coverage may last for the covered spouse and dependent children of the retired employee's for the life of the retiree (and if they survive the retired employee, for 36 months after the retired employee's death); and, if the retired employee is not living when the qualifying event occurs, but the retired employee's surviving spouse is covered by the Plan(s), then COBRA coverage may last for the surviving spouse for life.

If the covered employee becomes entitled to Medicare benefits (under Part A, Part B, or both) less than 18 months **before** a termination or reduction in hours of employment, COBRA coverage for qualified beneficiaries (other than the employee) who lose coverage as a result of the qualifying event can last up to 36 months **from the date of Medicare entitlement**. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which her employment ends, COBRA coverage for her spouse and children who lost coverage as a result of the qualifying event can last up to 36 months from the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

COBRA coverage under a Health FSA may only last through the end of the plan year in which the qualifying event occurs, except for a grace period or carryover applicable to the plan year (unless stated otherwise in the group health plan SPD). In addition, you may not be able to elect COBRA coverage if the reimbursement available at the time of the qualifying event is less than the COBRA premium required to continue coverage through the end of the plan year.

The COBRA periods described above are maximum coverage periods. The law provides that COBRA coverage may be terminated prior to the end of the maximum coverage periods described in this notice for several reasons (please consult the Plan(s) applicable SPD for more information).

There are two ways in which the 18-month COBRA period of coverage resulting from a covered employee's termination of employment or reduction in hours of employment may be extended. (NOTE: The period of COBRA coverage under a Health FSA generally cannot be extended beyond the end of the plan year.)

Disability Extension of an 18-Month COBRA Coverage Period

If a qualified beneficiary is determined by the Social Security Administration ('SSA') to have been disabled under Title II or XVI of the Social Security Act, all of the covered qualified beneficiaries may be entitled to receive an additional 11 months of COBRA coverage, for a maximum of 29 months. This extension is only available for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction of hours. This disability must have started prior to or within the first 60 days of the COBRA period and must last at least until the end of the period of COBRA coverage that would otherwise be available without the disability extension (generally 18 months, as described above). The disability extension is only available if you notify WageWorks, Inc. in a timely fashion (described in the next paragraph). All qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction in hours may be eligible to receive up to an additional 11 months of COBRA coverage (for a total of 29 months).

The disability extension is available only if you notify WageWorks, Inc. of the SSA's determination of disability within 60 days after the latest of (1) the date of the determination of disability by the SSA; (2) the date of the covered employee's termination or reduction in hours of the covered employee's employment; (3) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the plan as a result of the covered employee's termination or reduction in hours of the covered employee's employment; or (4) the date that you receive this notice or the SPD. Notwithstanding the 60-day period, you must provide notice of the SSA's determination of disability prior to the end of the 18-month continuation period (irrespective of when the 60-day period would otherwise end).

To provide notice of the SSA's determination of disability, you must mail the SSA determination document to WageWorks, Inc. The SSA determination document must include the date you became disabled. If the date is not on your documentation, you must contact your local SSA office to obtain this information to send to WageWorks, Inc. in order to apply for the 11-month extension.

The Plan(s) can charge up to 150 percent of the applicable premium during the 11-month extension in most circumstances. The disabled individual must notify the employer within 30 days of any final determination that he or she is no longer disabled. If COBRA coverage is extended to a total of 29 months, extended COBRA coverage will cease on the first day of the month that begins more than 30 days after the SSA's notice that the qualified beneficiary is no longer disabled.

Second Qualifying Event Extension of COBRA Coverage

If a qualified beneficiary who is a covered spouse or covered dependent child experiences another qualifying event during the first 18 months of COBRA coverage (because of the covered employee's termination of employment or reduction in hours) or during an 11-month disability extension period (see 'Disability Extension of an 18-Month COBRA Coverage Period,' above), this qualified beneficiary receiving COBRA coverage may receive up to 18 additional months of COBRA coverage (for a total of 36 months from the original qualifying event), if notice of the second qualifying event is provided in accordance the applicable notice procedures (described below).

This extension may be available to the covered spouse and any covered dependent children receiving COBRA coverage if the employee/former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the covered dependent child stops being eligible under the Plan(s) as a 'dependent child,' but only if the event would have caused the spouse or dependent child to lose coverage under the Plan(s) had the first qualifying event not occurred.

In the case of divorce or legal separation, or if the dependent child stops being eligible under the Plan as a 'dependent child,' you must notify WageWorks, Inc. of the second qualifying event within 60 days of the event. You will not be entitled to the extension if you fail to provide timely notice. The notice must include the names and addresses of all qualified beneficiaries, the type of event, the date of the event, and any additional information deemed necessary by the Plan(s) for making the appropriate determination applicable to the notice (e.g., a copy of the decree of divorce or legal separation, a death certificate or published obituary, a birth certificate to establish the date that a child reached the limiting age).

Notice Procedures for All Required Notices from Qualified Beneficiaries

As described earlier in this notice, you must provide notice of certain qualifying events. Notices of these qualifying events must be sent to the Plan Administrator in writing to ABC Company , 444 Corporate Blvd, Suite 11, Anywhere, IN 44444.

In addition, as described earlier in this notice, you must provide notice of the SSA's determination of disability and certain second qualifying events. These notices must generally be sent to WageWorks, Inc. in writing (by mail or electronic transmittal [e.g., facsimile, e-mail]) to WageWorks, Inc. (P.O. Box 34740 Louisville, KY 40232-4740, Fax: 1-833-514-6416).

If different addresses and/or procedures for providing notices to the Plan(s) appear in the most recent SPD, you must follow those notice procedures and/or deliver your notice to that address.

Oral notice (including notice by telephone) is not acceptable.

Any notice you provide to WageWorks, Inc. must contain the name of the Plan(s) (the group health plan benefits sponsored by ABC Company); the name, WageWorks, Inc., account number or Social Security number, and address of the employee/former employee who is or was covered under the Plan(s); the name(s) and address(es) of all qualified beneficiaries who lost or will lose coverage as a result of the qualifying event (if applicable); the qualifying event (e.g., divorce or legal separation, child's loss of dependent status, death of the covered employee) (if applicable) and the certification, signature, name, address, and telephone number of the person providing the notice.

Any notice you provide to the Plan Administrator must also contain the information indicated directly above, unless other procedures are specified in the most recent SPD. Contact ABC Company to request a copy of your SPD.

The employee/former employee who is or was covered under the Plan(s), a qualified beneficiary who lost coverage due to the qualifying event described in the notice, or a representative acting on behalf of either may provide notices. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage due to the qualifying event described in the notice.

Special Rules for Leaves of Absence Due to Services in the Uniformed Services

If a covered employee takes a leave of absence to perform services in the Uniformed Services (as addressed in the Uniformed Services Employment and Reemployment Act [USERRA]) that is expected to last 31 days or more, the covered employee may be able to continue health coverage for the employee and any covered dependents until the earlier of 24 months from the date the leave began or the date the employee fails to return to or apply for work as required under USERRA. The cost to continue this coverage for periods lasting 31 days or more is 102 percent of the applicable premium. The USERRA continuation period will run concurrent with the COBRA period described herein. Notwithstanding anything to the contrary in this notice, the rights described in this notice apply only to the COBRA continuation period. Continuation of coverage following a military leave of absence covered under USERRA will be administered in accordance with the requirements of USERRA.

Are There Other Coverage Options Besides COBRA Coverage?

Yes. Instead of enrolling in COBRA Coverage, there may be other coverage options for you and your family through the Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a 'special enrollment period.' Some of these options may cost less than COBRA Coverage. You can learn about many of these options at www.HealthCare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period* to sign up, beginning on the earlier of

- the month after your employment ends; or
- the month after your group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information, visit <https://www.medicare.gov/medicare-and-you>.

* These rules are different for people with End State Renal Disease (ESRD). Please visit <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods> for more information.

Keep the Plan(s) Informed of Address Changes

To protect your family's rights, it is important that you keep the Plan Administrator informed of any changes in your or your family members' addresses. In such an event, please notify ABC Company, 444 Corporate Blvd, Suite 11, Anywhere, IN 44444. You should also keep a copy, for your records, of any notices you send to the Plan Administrator and/or WageWorks, Inc.

If You Have Questions

Questions concerning the Plan(s) should be addressed to ABC Company, 444 Corporate Blvd, Suite 11, Anywhere, IN 44444. For additional information about your COBRA rights and obligations under federal law, please review the Plan(s) SPD, contact the Plan Administrator identified in the SPD, or you can contact WageWorks, Inc. at P.O. Box 34740 Louisville, KY 40232-4740, 1-800-526-2720.

In addition, you may obtain more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act, and other laws affecting group health plans, by contacting the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. Addresses and phone numbers of Regional and District EBSA offices are available through the EBSA website. For more information about the Marketplace, visit www.HealthCare.gov.



Appendix C: Insignificant Shortfall Letter

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

03/04/2020

BL-44444444



CASINF1 411111-000001

Jane Sample
123 Main Street

Anywhere, TX 77000

To: Jane Sample and Eligible Covered Dependents of Jane Sample (if applicable).

Re: Notice of Insufficient Premium Payment

Your recent COBRA premium payment was for an amount less than the full premium required by the group health benefits sponsored by **Client Name** (the "Plan(s)").

COBRA Coverage Period	Total Due for Coverage Period	Total Paid for Coverage Period	Premium Shortage for this Coverage Period	Deadline for Payment of this Amount
03/01/2020 - 03/31/2020	\$183.74	\$176.90	\$6.84	4/2/2020

If the premium shortage is for a future benefit coverage month, please consider this letter a courtesy reminder to pay the premium balance within the applicable grace period for that month.

If the "Balance Due Amount" indicated on this notice is not postmarked by 4/2/2020, you will lose COBRA coverage without the possibility of reinstatement. Your COBRA coverage is subject to retroactive termination to the last fully paid month if cancellation occurs. **If you submit any premium payment after the required postmark date, or if you submit any premium payment and you are otherwise ineligible for coverage, these payments will be refunded to you. Acceptance of premium payments by WageWorks, Inc. is not an indication that coverage is in force.**

Please send your premium payment to the following address and write your account number (BL-44444444) on the memo portion of your check or money order. Make checks payable to WageWorks, Inc. and mail to PO BOX 650650, DALLAS, TX 75265-0650.

Payment Reminders

1. The payment address only accepts regular first-class mail; overnight packages are not accepted.
2. This is the only notice you will receive regarding your premium shortage.
3. The "Balance Due Amount" only pertains to the underpayment of premium indicated on this notice. All other premiums and corresponding due dates still apply.
4. **Allow 5 - 7 business days after mailing for your payment to be received and processed on your account. After processing, your insurance carrier(s) will be updated within an additional 5 - 7 business days.**

Website Access

WageWorks, Inc. offers a secure website at <https://benedirect.wageworks.com> where you can view pertinent information regarding your account, schedule online payments (transfer fees may apply), and view your notices.

General Reminders

1. Please send all correspondence other than your premium payment to WageWorks, Inc., P.O. Box 34740, Louisville, KY 40232-4740.
2. Any correspondence or account changes sent with your payment(s) will not be processed.
3. If you have questions regarding insurance plan provisions or claims, contact your insurance provider directly.

If you have any questions please contact WageWorks, Inc. at 1-800-526-2720.

Sincerely,
WageWorks, Inc.



Appendix D: Welcome Letter

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

02/14/2017
BL-#####

CASCPN 398237-273315
FIRST M. LAST
123 Main St
Anywhere, CA 88888

Dear FIRST M. LAST:

You are currently continuing your healthcare coverage through Sample Client . To better meet your needs, Sample Client has contracted with WageWorks, Inc. to provide billing and premium collection services in accordance with COBRA continuation requirements.

Claims

The procedures for obtaining health care services and claims processing will remain the same. Please contact your health plan(s) directly for information about your benefits, provider directories, ID cards, and claims processing. Do not send claims to WageWorks, Inc. for processing.

Sending Correspondence to WageWorks, Inc.

Please send all correspondence (do not include payments) to the following address:
WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

Sending Your Payment

Enclosed is your next coupon. Every month, please send the appropriate coupon along with a check for the full amount due and made payable to "WageWorks" to the address shown on the coupon. A delay in processing may occur if payment is sent without the appropriate coupon. **You may also make premium payments through our webB site at <https://benedirect.wageworks.com/>.** If you are a first time user, you will be required to register on the website.

Please DO NOT mail payments and correspondence together.

When Your FIRST Payment Is Due

If you have just elected COBRA continuation your first premium payment must be received in full by WageWorks, Inc. within 45 days from the date you postmarked your COBRA election. Your first coupon will reflect the coverage period(s), the amount due for the retroactive coverage, and the grace date in which full payment must be postmarked or COBRA coverage will cease. There cannot be a lapse in coverage and coverage will not be reinstated until payment for a coverage period is received.

When Your Subsequent Payments are Due

Each coupon indicates the 'Due Date' and the 'Grace Date'. **We strongly encourage you to remit payment in full prior to the Due Date.** Eligibility may be denied until payment is credited to your account and the insurance carriers are updated.

If WageWorks, Inc. does not receive full premium payment postmarked on or before the grace date, as specified by law, your COBRA coverage will be terminated on the last day of the period for which full payment was made.

ONCE COVERAGE IS TERMINATED, IT CANNOT BE REINSTATED.

Please note:

The acceptance of any late or partial payment by WageWorks, Inc. does not constitute agreement of COBRA continuation of coverage. Instances of late or partial payments will result in a refund and termination of COBRA coverage. Refunds will be handled through the normal processing schedule for WageWorks, Inc..

Life Status Changes; Second Qualifying Events; Social Security Disability

You are responsible for notifying WageWorks, Inc. in writing of any life status changes, second qualifying events, or Social Security disability that occur. Your Plan's Summary Plan Description (SPD) stipulates the required time frame under your Plan for the submission of notification of such events to WageWorks, Inc.. Generally, however, you will be required to notify WageWorks, Inc. as follows:

For events such as **marriage, birth, or adoption, you must notify WageWorks, Inc. in writing within 30 days of the event.**

For events that may lead to an extension of COBRA, including the events of **divorce, legal separation, dependent child losing eligibility under the plan, or Social Security Administration determined disability, you must notify WageWorks, Inc. within 60 days after such event occurs.** You can obtain the required form and instructions for providing notice to WageWorks, Inc. at <https://benedirect.wageworks.com/>. If you do not have access to the Internet, or wish to have this information sent to you, please contact WageWorks, Inc. at 1-800-526-2720.

Other Group Coverage or Medicare

It is your responsibility to notify WageWorks, Inc. immediately if, after your date of COBRA election, you first become covered under Medicare or another group health plan that does not contain an exclusion or limitation with respect to a pre-existing condition.

Should you have any other questions relating to COBRA continuation coverage, please contact WageWorks, Inc. at 1-800-526-2720, or visit us at <https://benedirect.wageworks.com/>

Thank you,

WageWorks, Inc.

Appendix E: Ongoing Coupon Cover Letter

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

02/06/2017

BL-#####

CASCPN 398237-273000

FIRST M. LAST
123 Main St
Anywhere, CA 88888

Dear FIRST M. LAST:

Enclosed is your coupon for your continuation of benefit coverage. Please read through this entire letter, as it will provide you information on where to mail your payment, when your payment is due and other pertinent information.

Please include the coupon with your full payment and make checks payable to WageWorks and mail to the address printed on the coupon. You may also make premium payments through our website at <https://benedirect.wageworks.com/>. The website is provided to you as a courtesy. In cases where the website is down for maintenance and unavailable, you continue to be responsible for timely payment, otherwise your coverage may be canceled.

Sending Your Payment

Remit the coupon with your full payment and make the check payable to WageWorks. Make sure the mailing address on the coupon is reflected in the window of the envelope. If your coupon is not included with your full payment, a delay in processing may occur.

Correspondence should not be sent with your payment. Correspondence must be sent to the following address:

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

When Are Payments Due

Each coupon reflects a 'Due Date' and the 'Grace Date'. **We strongly encourage you to remit payment in full prior to the Due Date.** Eligibility may be denied until payment is credited to your account and the insurance carriers are updated.

Note: If you fail to make a full payment for a coverage period before the end of the grace date for that coverage period, you will lose all rights to continuation coverage under the plan. Any letters or coupons you receive after failure to timely pay for any coverage period will not extend your grace date for any payment.

Please Note

The acceptance of any late or partial payment by WageWorks, Inc. does not constitute agreement of benefit continuation of coverage. Instances of late or partial payments will result in a refund and termination of coverage. Refunds will be handled through the normal processing schedule for WageWorks, Inc.

If you have any questions relating to this correspondence, please feel free to call WageWorks, Inc. at 1-800-526-2720.

Thank you,

WageWorks, Inc.

WageWorks, Inc
P.O. Box 34740
Louisville, KY 40232-4740

Please read the enclosed letter for requirements relating to remittance of premium payments. This information is critical to your on-going continuation of coverage.

Following is your payment coupon from WageWorks, Inc. This coupon was printed on 01/19/17 for coverage from 1/1/2017 to 2/28/2017.

In order to expedite the processing of your payment, please tear the coupon along the perforation.

Note: If you fail to make a full payment for a coverage period before the end of the grace date for that coverage period, you will lose all rights to continuation coverage under the plan. Any letters or coupons you receive after failure to timely pay for any coverage period will not extend your grace date for any payment.

Please send the coupon below with your payment

BENEFITS CONTINUATION COUPON		Sample Client - Coupon #1	
Payment Due:	3/6/17	BL-#####	<input type="checkbox"/> Change of Address _____ _____ _____
Coverage Period:	1/1/17 - 2/28/17	First M. Last	
Grace Date:	3/6/17	123 Main St Anywhere, CA 88888	
Amt Due	Plan	Send Payment with Coupon to: WageWorks, Inc PO BOX 650650 Dallas, TX 75265-0650 : 1 9 1 7 0 0 3 6 7 6 :	
\$212.04	Cigna Dental Plan		
\$3,072.24	Cigna OAP medical		
\$21.54	Sample Client Vision Plan		
<hr/>	Total Due		
\$3,305.82			

1201703060003174824189882003305820000374800

Appendix F: Confirmation Letter

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

02/06/2017
BL-#####

CASCPN 398237-273002
FIRST M. LAST
123 Main St
Anywhere, CA 88888

RE: Sample Client Benefits Continuation

Dear FIRST M. LAST:

Following is the latest information on your continuation of benefits coverage. This information is being provided to you as confirmation of an election of continuation of coverage, a recent change you have made to your health coverage, or due to a change to Sample Client's Health Plan affecting your health coverage. Please review all information carefully.

Coverage Period	Plan	Coverage
01/01/2017 - 06/30/2018	Cigna OAP medical	Beneficiary and Spouse
01/01/2017 - 06/30/2018	Cigna Dental Plan	Beneficiary and Spouse
01/01/2017 - 01/31/2017	Sample Client Benefit Vision Plan	Beneficiary and Spouse

Sending Your Payment

Enclosed is your next coupon. Each month, please send the appropriate coupon and full payment to the address shown on your coupon. If you continue coverage into next year, you will receive the appropriate coupons towards the end of the plan year (as soon as the new premium rates are available).

Your checks must be made payable to "WageWorks" and mailed to the address shown on your coupon. **You may also make premium payments through our website at <http://benedirect.wageworks.com>. The website is provided to you as a courtesy. In cases where the website is down for maintenance and unavailable, you continue to be responsible for full timely payment, otherwise your coverage may be canceled.**

When Your Payment Is Due

Each coupon indicates the 'Due Date' and the 'Grace Date'. **We strongly encourage you to remit payment in full prior to the Due Date.** Eligibility may be denied until full payment is credited to your account and the insurance carriers are updated.

Note: If you fail to make a full payment for a coverage period before the end of the grace date for that coverage period, you will lose all rights to continuation coverage under the plan. Any letters or coupons you receive after failure to timely pay for any coverage period will not extend your grace date for any payment.

Please note:

WageWorks, Inc.'s acceptance of any late or partial payments does not constitute agreement of continuation of coverage. Instances of late or partial payments will result in refunds through WageWorks, Inc.'s normal processing schedule and termination of coverage.

Changes in Life Status

You are responsible for notifying WageWorks, Inc. of any life status changes that occur. Any changes in life status may result in an adjustment to your premium. Notification is required as follows:

- > Within 30 days of events such as marriage, birth, or adoption (or defined under the employer's Plan Document).
- > Within 60 days of events such as divorce, legal separation, death, or loss of dependent status.

All correspondence must be sent to the following address:

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

Or fax to:

Attn. Participant Requests
Fax Number 1-833-514-6416

The procedures for obtaining health care services and claims processing will remain the same. Please contact your health plan(s) directly for information about your benefits, provider directories, ID cards, and claims processing. **DO NOT SEND CLAIMS TO WageWorks, Inc. FOR PROCESSING.**

If you have any questions regarding the coverage, please feel free to contact WageWorks, Inc. at 1-800-526-2720.

Thank you,
WageWorks, Inc.

WageWorks, Inc
P.O. Box 34740
Louisville, KY 40232-4740

Please read the enclosed letter for requirements relating to remittance of premium payments. This information is critical to your on-going continuation of coverage.
Following is your payment coupon from WageWorks, Inc. This coupon was printed on 01/19/17 for coverage from 1/1/2017 to 2/28/2017.

In order to expedite the processing of your payment, please tear the coupon along the perforation.

Note: If you fail to make a full payment for a coverage period before the end of the grace date for that coverage period, you will lose all rights to continuation coverage under the plan. Any letters or coupons you receive after failure to timely pay for any coverage period will not extend your grace date for any payment.

Please send the coupon below with your payment

BENEFITS CONTINUATION COUPON		Sample Client - Coupon #1	
Payment Due:	3/6/17	BL-#####	<input type="checkbox"/> Change of Address _____ _____ _____
Coverage Period:	1/1/17 - 2/28/17	First M. Last	
Grace Date:	3/6/17	123 Main St Anywhere, CA 88888	
Amt Due	Plan	Send Payment with Coupon to: WageWorks, Inc PO BOX 650650 Dallas, TX 75265-0650 : 1 9 1 7 0 0 3 6 7 6 :	
\$212.04	Cigna Dental Plan		
\$3,072.24	Cigna OAP medical		
\$21.54	Sample Client Vision Plan		
<hr/>	Total Due		
\$3,305.82			

1201703060003174824189882003305820000374800

Appendix G: Early Termination Letter

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

02/26/2020

CASTERM 431111-000001

Janelle M. Sample



4202 Mountain View Way

Anywhere, NC 20000

Re: Notice of Termination of Continuation Coverage

We are notifying you that your continuation coverage under the group health plan benefits sponsored by **Client Name** (the "Plan(s)") has terminated for the following reason:

Beneficiary Requested Termination

You requested that coverage be terminated.

Your continuation coverage ended on 03/31/2020.

Plan Name	Participants
Generic Vision Plan	Janelle M. Sample
PPO Dental Plan	Janelle M. Sample
ABC Medical/Rx Plan	Janelle M. Sample

Claims incurred after the termination date listed above may have been paid on behalf of the individual(s) referenced above, and premiums may have been paid for continuation coverage for periods after the termination date. In this instance, premiums for periods after the termination date may be refunded and reimbursement of benefits paid for claims incurred after the termination date may be required. Please note that your insurer(s) may require receipt of reimbursement of benefits before premiums will be refunded.

WageWorks, Inc. is not liable for coverage during the period after receiving a premium payment from you and before WageWorks, Inc. issues a refund check. Any eligible expenses you may have incurred on or after 03/31/2020 are not covered under the Plan(s).

An individual conversion health insurance policy **may** be available to the individual(s) named above. Contact your insurance carrier(s) as soon as possible for more information, as there may be a limited time period for enrolling in a policy.

Health Insurance Marketplace ("Marketplace") - Any individual(s) losing continuation coverage may be eligible to purchase coverage through the Marketplace during the Marketplace's next annual open enrollment period. In some instances, you can also end your Continuation Coverage early and switch to a Marketplace plan during a special 60-day enrollment period. To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov or call 1-800-318-2596.

If you have any questions please contact WageWorks, Inc. at 1-800-526-2720.

Sincerely,

WageWorks, Inc.

Appendix H: Termination Conversion Letter

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

03/05/2020
BL-11111111

CASMSC1 411111-00001



John Sample
123 Main Street
Anywhere, FL 33000

Re: COBRA Expiration Notice

We are notifying you that your maximum COBRA coverage period under the group health plan benefits sponsored by **Client Name** (the "Plan(s)") is due to expire on 02/28/2021.

Plan Name	Eligibility End Date	Additional Information
Medical/Rx Plan	02/28/2021	An individual policy may be available.

You may have other coverage alternatives available to you after your COBRA coverage expires. Your options may include:

Conversion Coverage - A conversion option to an individual plan **may** be available to you and your covered dependents through your current health insurance carrier. Detailed information must be requested directly from the carrier. The conversion coverage may have different benefit levels and/or premiums from those under the Plan(s). Depending on state laws, insurance companies in some states do not have to offer the right to convert to an individual plan. **It is your responsibility to contact your insurance carrier(s) as soon as possible for more information, as there may be a limited time period for enrolling in a policy.**

State Continuation Coverage - Some states have enacted legislation requiring continuation coverage under insured group policies for longer periods than federal COBRA requires. To determine if you **may** be eligible to elect state continuation coverage, please contact your insurance carrier(s) for additional information about your rights after 02/28/2021.

Group Coverage - If you are married and your spouse's employer offers group health coverage, the Health Insurance Portability and Accountability Act (HIPAA) allows you to enter a spouse's plan upon the expiration of your COBRA coverage. You must be allowed a period of at least 30 days after your COBRA coverage expiration date.



USERRA Continuation Coverage - If your COBRA coverage began on or after December 10, 2004, and was concurrent with a military leave under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), please contact your employer to confirm if you want to continue USERRA coverage for up to twenty-four (24) months from the date your USERRA leave began (i.e., up to six months after the expiration of COBRA coverage, if your COBRA coverage lasted for 18 months).

Health Insurance Marketplace ("Marketplace") - Individual health insurance may be purchased through an online Marketplace after your COBRA coverage expires. Subsidies may be available through the Marketplace depending on your household income. Please note: If you have exhausted your COBRA continuation coverage (i.e., reached the maximum COBRA expiration date), you may be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended. For more information about the health insurance options available through the Marketplace, visit www.healthcare.gov.

Regardless of which options you are interested in, it is recommended that you begin receiving information months in advance so the change can easily be made by the end of your COBRA period.

If you have any questions please contact WageWorks, Inc. at 1-800-526-2720.

Sincerely,
WageWorks, Inc.

Appendix I: Termination for Non-Payment

WageWorks, Inc.
P.O. Box 34740
Louisville, KY 40232-4740

01/25/2017

CASTERM 398237-223069

FIRST M. LAST
123 Main St
Anywhere, CA 88888

RE: Termination of Benefit Plans from Sample Client Medical Plan

Dear FIRST M. LAST:

This letter is to inform you and any covered dependent that your benefit coverage has been terminated. The reason for the termination is that payment was not received within the allotted grace period. Once terminated, the health coverage for yourself and covered dependents cannot be reinstated.

Please be advised the benefit coverage has ended as of 11/20/2016.

It has been our pleasure to be your direct bill administrator. If you have any questions regarding the termination, please do not hesitate to contact us at 1-800-526-2720.

Sincerely,

WageWorks, Inc.

COBRA: Sample Beneficiary Letters

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