COBRA ELECTION FORM

For a limited time, COBRA deadlines, including the deadline to elect COBRA coverage, have been temporarily extended due to the COVID-19 National Emergency. Please see the enclosed notice entitled, "Temporary Extensions of Important COBRA Continuation Coverage Deadlines During the Coronavirus Outbreak Period" for more information.

INSTRUCTIONS: To elect COBRA coverage, you must complete this Election Form and **return it to the Administrative Office by April 29, 2021 (your "COBRA Election Deadline").** Under federal law, you have 60 days after the later of (1) the date the Election Notice was provided to you or (2) the date you lost Plan coverage, to elect COBRA coverage. If you do not send this election form within 60 days of receipt of this notice or loss of coverage, you will lose your right to elect coverage.

To elect COBRA coverage, complete and return this Election Form to: Santa Monica UNITE HERE Health Benefit Trust Fund, c/o Benefit Programs Administration, 1200 Wilshire Blvd., Fifth Floor, Los Angeles, CA 90017-1906. This Election Form must be received (if hand delivered) or post-marked (if mailed) no later than your COBRA Election Deadline (shown above).

If you don't submit a completed Election Form to the Administrative Office by your COBRA Election Deadline, you'll lose your right to elect COBRA coverage.

Election of COBRA Coverage

I (we) have read the COBRA Continuation Coverage Election Notice. I (we) elect COBRA coverage under the Plan for the individuals named below.

(Please provide the information requested below for each person electing COBRA coverage. If there is a qualified beneficiary who does not live with you, and you (the Applicant) do not elect COBRA coverage for that qualified beneficiary, you must provide that qualified beneficiary's address in the space below so that we may advise that qualified beneficiary of his or her COBRA rights.)

Applicant's Information

Applicant's Last Name	First Name	M.I.	Date of Birth	Social Security Number
Mailing Address	City	State	Zip Code	Work Telephone/Cell Phone Number

Applicant's Relationship to Participant:

☐ Self ☐ Spouse ☐ Dependent Child

Name of Participant's Employer or Former Employer	☐ Male ☐ Female	☐ Single ☐ Married (date) ____________	☐ Divorced (final dissolution date) ____________ ☐ Widowed (date) ____________

Select one only:
☐ Core-Only (Medical, Prescription Drug, MAP) ☐ Core-Plus (Medical, Prescription Drug, MAP, Dental, VSP)

Dependent Information

List the Participant's Dependents who wish to elect COBRA coverage. Each individual may elect either Core-Only or Core-Plus coverage. A Participant's new spouse or child (including a newborn child, a new stepchild, or a child placed for adoption) may be added to the Participant's COBRA coverage, if the new dependent is timely enrolled in accordance with the Plan's rules pertaining to special enrollment rights. For more information, please contact the Administrative Office.

Spouse's Full Name	Social Security Number	Date of Birth	Address (if not residing with Participant)

☐ Core-Only (Medical, Prescription Drug, MAP) ☐ Core-Plus (Medical, Prescription Drug, MAP, Dental, VSP)

Child's Full Name	Social Security Number	Date of Birth	☐ Son ☐ Stepchild ☐ Daughter ☐ Other	Address (if not residing with Participant)

☐ Core-Only (Medical, Prescription Drug, MAP) ☐ Core-Plus (Medical, Prescription Drug, MAP, Dental, VSP)

Child's Full Name	Social Security Number	Date of Birth	☐ Son ☐ Stepchild ☐ Daughter ☐ Other	Address (if not residing with Participant)

☐ Core-Only (Medical, Prescription Drug, MAP) ☐ Core-Plus (Medical, Prescription Drug, MAP, Dental, VSP)

Child's Full Name	Social Security Number	Date of Birth	☐ Son ☐ Stepchild ☐ Daughter ☐ Other	Address (if not residing with Participant)

☐ Core-Only Coverage (Medical, Prescription Drug, MAP) ☐ Core-Plus (Medical, Prescription Drug, MAP, Dental, VSP)

Child's Full Name	Social Security Number	Date of Birth	☐ Son ☐ Stepchild ☐ Daughter ☐ Other	Address (if not residing with Participant)

☐ Core-Only Coverage (Medical, Prescription Drug, MAP) ☐ Core-Plus (Medical, Prescription Drug, MAP, Dental, VSP)

Other Coverage Information (check all that apply):

□ Check this box if any person listed above became entitled to Medicare (Part A, Part B, or both) before electing COBRA and provide the name(s) and date(s) of Medicare entitlement here: _____.

□ I certify that no person listed above is entitled to Medicare benefits (under Part A, Part B, or both) and that I will notify the Administrative Office in writing within 30 days if any person listed above becomes entitled to Medicare (Part A, Part B, or both).

□ I certify that no person listed above is covered under another group health plan, and that I will notify the Administrative Office in writing within 30 days if any person listed above becomes covered under another group health plan.

□ Check this box if any person listed above is currently covered under another group health plan and provide the following information:

Name(s) of individuals with other coverage:	Employer Address	Employer Telephone No.
Name of Insurance Company or Health Plan		Group Number

Applicant's Signature: Please Sign And Date Your Application Here.

I hereby certify that all of the information above is true and correct to the best of my knowledge. I understand that the Administrative Office will not send monthly billings and that failure to pay on a timely basis will cause COBRA coverage to be terminated, after which time COBRA coverage cannot be reinstated.

_____

Signature **Date**

_____

Print Name

Important Information About COBRA Payment

For a limited time, COBRA deadlines, including the deadlines to make COBRA payments, have been temporarily extended due to the COVID-19 National Emergency. Please see the enclosed notice entitled, "Temporary Extensions of Important COBRA Continuation Coverage Deadlines During the Coronavirus Outbreak Period" for more information.

First payment for COBRA coverage

You must make your first payment for COBRA coverage no later than 45 days after the date you submit your Election Form to the Administrative Office (this is the date your Election Notice is postmarked, if mailed). ***If you don't make your first payment in full by the end of this 45-day period, you'll lose all COBRA coverage rights under the Plan.***

Your first payment must cover the COBRA premiums for all calendar months between the date your active Plan coverage ended and the calendar month ending immediately before the date the first payment is made. You are responsible for making sure that the amount of your first payment is correct. If the first payment is not made in the correct amount before the end of this 45-day period, your right to COBRA coverage will be lost. You may contact the Administrative Office at (866) 345-5189 to confirm the correct amount of your first payment.

Monthly payments for COBRA coverage

After you make your first payment, you will be required to make monthly payments for each subsequent month of COBRA coverage. The amount due for each month is shown on the enclosed COBRA rate sheet. Each monthly COBRA payment is due on the first day of the month of coverage. (For example, payment for COBRA coverage in January would be due on January 1.) If you make a monthly payment on or before the first day of the month to which it applies, your COBRA coverage under the Plan will continue for that month without any break. ***The Administrative Office will not send bills to you for your COBRA coverage. It is your responsibility to pay your COBRA premiums on time.***

Grace periods for monthly COBRA payments

Although monthly payments are due on the first day of each month of COBRA coverage, you'll be given a grace period of 31 days to make each monthly payment. Your COBRA coverage will be provided for each month as long as payment for that month is made before the end of the grace period for that payment. However, 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 the month, your COBRA coverage under the Fund will 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 claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you don't make a monthly payment in full before the end of the grace period for that month, your COBRA coverage will terminate as of the last day of the month for which a timely payment was made, and you will lose all rights to COBRA coverage under the Fund.

All COBRA payments must be made by check payable to "Santa Monica UNITE HERE Health Benefit Trust Fund" and submitted to the Administrative Office at: Santa Monica UNITE HERE HEALTH Benefit Trust Fund, c/o Benefit Programs Administration, 1200 Wilshire Blvd., Fifth Floor, Los Angeles, CA 90017-1906.

Important Information About Other Health Coverage Alternatives

Are there other coverage options besides COBRA coverage?

Yes. Instead of enrolling in COBRA coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace (in California, it's called Covered California), Medicaid, Medicare, 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 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's 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.

What is the Health Insurance Marketplace?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of 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 premium, 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. In California, the Marketplace website is Covered California at www.coveredca.com.

Coverage through the Health Insurance 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.

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 health 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 or www.coveredca.com.

If I sign up for COBRA coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA coverage?

If you sign up for 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." But be careful though - if you terminate your COBRA coverage early without another qualifying event (for example, if you drop COBRA after the COBRA subsidy ends), you may have to wait until the next open enrollment period to enroll in Marketplace coverage, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

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

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days after you lose coverage under the Plan.

If you or your dependent chooses to elect COBRA coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA coverage (but not if you lose COBRA coverage as a result of failing to pay your COBRA premium or dropping COBRA after your COBRA subsidy ends).

Can I enroll in Medicare instead of COBRA coverage after my group health plan coverage ends?

In general, if you didn't enroll in Medicare Part A or B when you first became eligible because you were still employed, then, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period[1] to sign up, beginning on the earlier of

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

If you don't enroll in Medicare Part B and elect COBRA 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 and then enroll in Medicare Part A or B before the COBRA coverage ends, the Plan may terminate your COBRA 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 coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA 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.

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods. These rules are different for people with End Stage Renal Disease (ESRD).

SANTA MONICA UNITE HERE
HEALTH BENEFIT TRUST FUND

Administered By: Benefit Programs Administration
Telephone • (866) 345-5189 • (562) 463-5075 • FAX (562) 463-5894
www.santamonicauniteherefunds.org

IMPORTANT-PLEASE READ CAREFULLY
TEMPORARY EXTENSIONS OF IMPORTANT
COBRA CONTINUATION COVERAGE DEADLINES DURING THE
CORONAVIRUS OUTBREAK PERIOD

This notice is to advise you of temporary extensions of the deadlines that are found in the enclosed COBRA continuation coverage Election Notice/Form. COBRA deadlines have been extended because of guidance released by the Internal Revenue Service and the Department of Labor due to the coronavirus/COVID-19 outbreak. Under the extended deadlines, the Plan will disregard the "Outbreak Period," which runs from March 1, 2020 until sixty (60) days after the end of the National Emergency (which date has not yet been announced) or such other date as may be decided and announced in the future by the Internal Revenue Service and Department of Labor.

The Plan will disregard the "Outbreak Period" when determining deadlines for the following:

- The date for individuals to notify the Plan of a Qualifying Event (e.g., divorce, separation, a child's loss of dependent status, a disability, etc.)
- The date to elect COBRA continuation coverage
- The date for making payment(s) for COBRA continuation coverage

EXAMPLES

1. Individual A is a participant in the Plan. Due to a reduction of hours, she loses coverage under the Plan and is provided a COBRA continuation coverage Election Notice/Form on July 1, 2020. Under normal rules, she has 60 days to submit the COBRA continuation coverage Election Notice/Form to the Plan. However, because the Plan will disregard the "Outbreak Period" (i.e., from March 1, 2020, until 60 days after the end of the National Emergency), she now has until 60 days after the end of the Outbreak Period to submit the Election Notice/Form to the Plan.

2. Individual B elected and was enrolled in COBRA continuation coverage under the Plan on March 1, 2020. He made COBRA continuation coverage payments for March 2020, but did not make COBRA payments for April, May, June, or July 2020. Normally, his COBRA payments are due on the 1st of each month, and must be made within 31 days of the due date to continue coverage. Again, because the "Outbreak Period" will be disregarded for COBRA continuation coverage payment deadlines, Individual B's payments will be considered timely for April, May, June, and July 2020 if made by the 31st day after the "Outbreak Period." During the time when COBRA continuation coverage payments have not yet been received by the Plan, the Plan will not deny coverage but it will inform providers that Individual B does not currently have coverage, but will have coverage retroactively if COBRA payments are submitted timely. Once timely COBRA payments are received by the Plan, the Plan will pay for benefits and service provided to Individual B retroactively.

If you have questions, please contact the Administrative Office by calling (866) 345-5189 or (562) 463-5075.