THE STATE OF FLORIDA
JUSTICE ADMINISTRATIVE COMMISSION

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MEMORANDUM HR07-2021

To: Agency Administrators
From: Carolyn Horwich, Esq., Director of Human Resources
Subject: American Rescue Plan Act of 2021
Date: April 28, 2021

The Department of Management Services, Division of State Group Insurance, has issued a Management Advisory containing important information regarding recent benefit changes pursuant to the American Rescue Plan Act of 2021.

The Management Advisory references:

1. Premium assistance for eligible employees who enroll in COBRA;
2. The higher limit of pretax contributions an employee can make to a Dependent Care Flexible Spending Account;
3. The Internal Revenue Service's determination that amounts paid for certain personal protection equipment are considered medical costs and are reimbursable through certain pretax accounts if not covered by insurance.

Please note the above is a basic summary of the provisions in the Management Advisory. The Management Advisory also contains the U.S. Department of Labor's summary of COBRA premium assistance, the request for assistance form, and a facsimile of the notice that will be provided to persons eligible for COBRA. I have separated the documents for easier reading. Further, this separation will allow you to ascertain which documents you wish to distribute to all employees.

Thank you.

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

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

To be eligible for the premium assistance, you:

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

♦ IMPORTANT ♦

◊ If you do not elect to receive the premium assistance within 60 days of receipt of this form, you may be ineligible for the premium assistance.

◊ If you elect COBRA continuation coverage with premium assistance, and then become eligible for other group health plan coverage (not including coverage that is only excepted benefits (such as dental or vision coverage), a Qualified Small Employer Health Reimbursement Arrangement, or a health flexible spending arrangement), or if you become eligible for Medicare, you MUST notify the plan in writing. If you fail to provide this notice, you may be subject to a penalty of $250 (or if the failure is fraudulent, the greater of $250 or 110% of the premium assistance provided after termination of eligibility). You won't be subject to the penalty if your failure to notify the plan is due to reasonable cause and not due to willful neglect.

◊ Employers that don't satisfy COBRA continuation coverage requirements may be investigated by the Department of Labor and may be subject to an excise tax under the Internal Revenue Code.

◊ If you elect COBRA continuation coverage and are eligible for the premium assistance, you cannot claim the Health Coverage Tax Credit. You also cannot qualify for a premium tax credit to help pay for coverage through a Health Insurance Marketplace®[1], such as on HealthCare.gov, for any months that you are enrolled in COBRA continuation coverage with or without the premium assistance.

For general information on your plan's COBRA continuation coverage, contact People First, PO Box 6830, Tallahassee, FL 32314 or via telephone at (866) 663-4735.

For specific information on your plan's administration of the ARP premium assistance or to notify the plan of your ineligibility to receive premium assistance, contact People First, PO Box 6830, Tallahassee, FL 32314 or via telephone at (866) 663-4735.

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

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

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

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

IMPORTANT INFORMATION: COBRA Continuation Coverage, other Health Coverage Alternatives, and Extended Election Periods under the American Rescue Plan Act of 2021 (ARP)

[Enter date of notice]

Dear: [Identify the qualified beneficiary(ies), by name or status]

The American Rescue Plan Act of 2021 (ARP) provides temporary premium assistance for COBRA continuation coverage and an opportunity to either elect COBRA continuation coverage, or switch to a different health plan option offered by the State Group Insurance Program (Program).

You may be eligible for COBRA continuation coverage premium assistance if you lost coverage because of a qualifying event. Qualifying events include:

- a reduction in hours, or
- an involuntary termination of employment that was not for gross misconduct.

You are receiving this notice because you may have experienced a qualifying event, and you have not reached the end of your COBRA continuation eligibility period. If you qualify for COBRA premium assistance, you will pay $0 of the COBRA premium for months that you are eligible.

This premium assistance is available to assistance eligible individuals during the period of April 1, 2021, up to Sept. 30, 2021. If you choose to continue your COBRA continuation coverage beyond Sept. 30, 2021, you will be responsible for paying the full COBRA premium amount due for the months that you are eligible. However, when your premium assistance ends, you may qualify for a special enrollment period to enroll in coverage through the Health Insurance Marketplace®[1] (see the section on "other coverage options" below).

To determine whether you are eligible for COBRA premium assistance, review this notice and all attachments carefully. Also, review the "Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan of 2021" document that contains details regarding eligibility, restrictions, and obligations, and the "Request for Treatment as an Assistance Eligible Individual."

You have 60 days from receipt of this notice to elect COBRA continuation coverage with premium assistance. Additionally, if you are currently enrolled in COBRA continuation coverage and would like to receive premium assistance, you also have 60 days from the receipt of this notice to elect COBRA continuation coverage with premium assistance.

Please be sure to notify the People First Service Center of any changes in your address and the addresses of family members to protect your and your family's rights. You should also keep a copy of any notices you send to the People First Service Center.

What's COBRA continuation coverage?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances. COBRA continuation coverage is the same coverage that the Program gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" who elects COBRA continuation coverage will have the same rights under the Program as other participants or beneficiaries covered by the Program.

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

Who are qualified beneficiaries?

Each qualified beneficiary in the category(ies) below can independently elect COBRA continuation coverage:

- Employee or former employee
- Spouse or former spouse
- Dependent child(ren) covered under the Program on the day before the event causing loss of coverage (a parent or legal guardian can elect on behalf of a dependent).
- Child who is losing coverage through the Program because he or she is no longer a dependent through the Program.

If you believe you meet the criteria for premium assistance, complete the attached "Request for Treatment as an Assistance Eligible Individual" and mail it with your completed Election Form, (or separately, if you are currently enrolled in COBRA continuation coverage) to the People First Service Center, PO Box 6830, Tallahassee, FL 32314. For questions or assistance, please call the People First Service Center at (866) 663-4735.

If I did not have COBRA continuation coverage and now elect COBRA continuation coverage, when will my coverage begin, and how long will the coverage last?

If elected, COBRA continuation coverage will begin on [enter date] and can last until [enter date]. If your COBRA qualifying event was a reduction in hours or involuntary termination of employment (other than for gross misconduct), you may also be eligible for ARP premium assistance from [enter April 1 or if the qualifying event is after this date the date of qualifying event] up to Sept. 30, 2021.

Can I change my COBRA coverage options?

You may also be eligible to change your plan coverage options. If you were previously enrolled in COBRA continuation coverage and are still eligible for COBRA continuation coverage, but are not currently enrolled, you are eligible to enroll in the same benefit options (health, vision, dental) in which you were previously enrolled. If you were previously eligible for, but never enrolled in COBRA continuation coverage, you may enroll in health, vision, and/or dental benefit options.

If you decide to change your coverage, the new coverage must cost the same or less than the coverage you had at the time of the qualifying event. To change your COBRA continuation coverage option(s) to a different option than what you had on the last day of employment or reduction in hours, complete the attached "Form for Switching COBRA Continuation Coverage Benefit Options" and mail it to the People First Service Center, PO Box 6830, Tallahassee, FL 32314, or call the People First Service Center at (866) 663-4735.

COBRA continuation coverage may end before the date noted above in certain circumstances, including if you become covered by another group health plan, fail to pay premiums after the subsidy period ends, fraud, etc.

Can I now extend the length of COBRA continuation coverage?

If you now elect COBRA continuation coverage, you may be able to extend the length of COBRA continuation coverage if a qualified beneficiary is disabled or if a second qualifying event happens. You must notify the People First Service Center of a disability or a second qualifying event within a certain time period to extend the period of COBRA continuation coverage. If you don't provide notice within the required time period, it will affect your right to extend the period of COBRA continuation coverage.

For more information about extending the length of COBRA continuation coverage, visit COBRA Continuation Coverage | U.S. Department of Labor (dol.gov)

How much does COBRA continuation coverage cost?

COBRA continuation coverage will cost: [enter amount each qualified beneficiary will be required to pay for each option per month of coverage and any other permitted coverage periods.] COBRA premium assistance may be available for the period of April 1, 2021 up to September 30, 2021. See the attached "Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan of 2021" for more details, restrictions, and obligations, as well as the form to complete to establish eligibility.

People First will send you additional payment information after receiving the election form. If you are eligible and choose to continue your COBRA continuation coverage beyond Sept. 30, 2021, you will be responsible for paying the full amount due.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. There may be other coverage options for you and your family through the Health Insurance Marketplace®, Medicare, or other group health plan coverage options (such as a spouse's plan) through a special enrollment period. Additionally, you may apply for and, if eligible, enroll in Medicaid at any time.

If you are not eligible for premium assistance under the ARP, some of these options may cost less than COBRA continuation coverage. If you are eligible for other group health plan coverage, such as through a new employer's plan or a spouse's plan (not including excepted benefits, a qualified small employer health reimbursement arrangement, or a health flexible spending arrangement), or if you are eligible for Medicare, you are not eligible for ARP premium assistance. However, if you have individual market health insurance coverage, like a plan through the Marketplace, or if you have Medicaid, you may be eligible for ARP premium assistance if you elect COBRA continuation coverage.

You will not be eligible for a premium tax credit, or advance payments of the premium tax credit, for your Marketplace coverage for the months that you are enrolled in COBRA continuation coverage. You may not be eligible for the months during which you remain an employee but are eligible for COBRA continuation coverage with premium assistance because of a reduction of hours. If you are eligible for Medicare, consider signing up during its special enrollment period to avoid a coverage gap when your COBRA coverage ends and a late enrollment penalty.

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

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

For more information

This notice doesn't fully describe COBRA continuation coverage or other rights under the Program. More information about COBRA continuation coverage and your rights under the Program is available in your summary plan description at mybenefits.myflorida.com.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact the People First Service Center at (866) 663-4735 or visit

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

Note, due to the COVID-19 National Emergency, the Department of Labor, the Department of the Treasury, and the Internal Revenue Service issued a Notice of Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID–19 Outbreak ("Joint Notice").[2] This notice provided relief for certain actions related to employee benefit plans required or permitted under Title I of ERISA and the Code, including the 60-day initial election period for COBRA continuation coverage. The Department of Labor's Employee Benefits Security Administration (EBSA) provided further guidance on this relief in EBSA Disaster Relief Notice 2021-01.[3] The extended deadline relief provided in the Joint Notice and Notice 2021-01 does not apply, however, to the 60-day election period related to COBRA premium assistance under the ARP. Potential Assistance Eligible Individuals must elect COBRA continuation coverage within 60 days of receipt of the relevant notice or forfeit their right to elect COBRA continuation coverage with premium assistance.

However, a potential assistance eligible individual has the choice of electing COBRA continuation coverage beginning April 1, 2021, or after (or beginning prospectively from the date of your qualifying event if your qualifying event is after April 1, 2021), or electing COBRA continuation coverage commencing from an earlier qualifying event if you are eligible to make that election, including under the extended time frames provided by the Joint Notice. The election period for COBRA continuation coverage with premium assistance does not cut off an individual's preexisting right to elect COBRA continuation coverage, including under the extended timeframes provided by the Joint Notice and EBSA Disaster Relief Notice 2021-01.

[2] 85 FR 26351 (May 4, 2020).[3] Available at https://www.dol.gov/sites/dolgov/files/ebsa/employers-and-advisers/plan-administration-andcompliance/disaster-relief/ebsa-disaster-relief-notice-2021-01.pdf
[3] Available at https://www.dol.gov/sites/dolgov/files/ebsa/employers-and-advisers/plan-administration-andcompliance/disaster-relief/ebsa-disaster-relief-notice-2021-01.pdf

Department of MANAGEMENT SERVICES
We Serve Those Who Serve Florida

Office of the Secretary
4050 Esplanade Way
Tallahassee, FL 32399-0950
850-488-2786

Ron DeSantis, Governor

MANAGEMENT ADVISORY #21- 004

DATE: April 27, 2021

TO: Agency and University Personnel Officers and Benefits Coordinators

FROM: Ryan Stokes, Interim Director, Division of State Group Insurance

SUBJECT: American Rescue Plan Act of 2021 and Internal Revenue Service Announcement 2021-7

On March 11, 2021, the American Rescue Plan Act of 2021 (ARP) was signed into law. ARP includes several provisions that impact State Group Insurance members.

COBRA Premium Assistance

The ARP includes a provision for premium assistance for employees and their qualified beneficiaries of 100 percent of the Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage premium and administrative fees for group health, dental and vision plan coverages. This premium assistance applies only to "assistance eligible individuals," who are eligible for COBRA because of an involuntary termination of employment (excluding termination for gross misconduct) or a reduction in hours and who are, or could have been, eligible for COBRA during the period of April 1, 2021 up to Sept. 30, 2021 (subsidy period).

The COBRA premium assistance is available to assistance eligible individuals who are:

1. enrolled in COBRA (or will enroll in COBRA) for coverage during the subsidy period; or
2. COBRA eligible individual (who is otherwise an assistance eligible individual) who did not elect COBRA coverage or dropped COBRA coverage prior to April 1 but would otherwise be within the employee's 18-month COBRA coverage during all or part of subsidy period.

A copy of the COBRA Continuation Coverage Notice (Notice), Summary of COBRA Premium Assistance, and COBRA Premium Assistance Application will be sent to individuals who may potentially qualify as an assistance eligible individual.

For enrollment assistance, contact the People First Service Center at (866) 663-4735 within 60 days from the receipt of the Notice. A copy of the Notice and applicable forms is attached.

The COBRA premium assistance ends on the earlier date of:

1. an assistance eligible individual's COBRA eligibility period end date; or
2. the date when an assistance eligible individual becomes eligible for Medicare or a group health plan coverage; or
3. the end of the subsidy period (September 30, 2021).

Individuals are required to notify the People First Service Center if they become eligible for other group health plan coverage.

Dependent Care Flexible Spending Accounts Contribution Limits (DCFSAs)
The ARP also contains a provision for raising pretax contribution limits for DCFSAs for calendar year 2021. The new DCFSA annual limits for pretax contributions increase to $10,500 (up from $5,000) for single taxpayers and married couples filing jointly, and to $5,250 (up from $2,500) for married individuals filing separately. The higher limits apply to the 2021 plan year. The new limits will be implemented in People First on April 24, 2021. Separate communication will be provided regarding availability of higher contribution limits.

Personal Protective Equipment Expenses (PPE)
The Internal Revenue Service (IRS) Announcement 2021-7 indicates that amounts paid for PPE, such as masks, hand sanitizer and sanitizing wipes, for the primary purpose of preventing the spread of the Coronavirus Disease 2019 (COVID-19 PPE), are treated as amounts paid for medical care under § 213(d) of the Internal Revenue Code (Code). Participants can be reimbursed for amounts that are not compensated for by insurance or otherwise beginning on or after January 1, 2020, under health flexible spending accounts (health FSAs), health reimbursement accounts (HRAs), limited purpose accounts, or health savings accounts (HSAs).

For additional information regarding DCFSAs or PPE reimbursement, employees may contact Chard Snyder at (855) 824-9284.

If you have any questions or comments regarding this information, Human Resource Officers may contact the Division of State Group Insurance (DSGI) at dsgihelp@dms.myflorida.com. Employees may contact the People First Service Center at 866-663-4735.

To apply for ARP Premium Assistance, complete this form and mail it to People First at the address below. For questions or assistance call the People First Service Center at (866) 663-4735. If you have not yet elected COBRA continuation coverage, you may send this form along with your Election Form. If you do not complete this form and return it within 60 days of receipt, you may be unable to receive the premium assistance.

If you are already enrolled in COBRA, you may send this form in separately. If you choose to do so, send the completed "Request for Treatment as an Assistance Eligible Individual" to: People First, PO Box 6830, Tallahassee, FL 32314. You may also want to read the important information about the rules for premium assistance included in the "Summary of the COBRA Premium Assistance Provisions Under the American Rescue Plan Act of 2021."

State Group Insurance Plan	**REQUEST FOR TREATMENT AS AN ASSISTANCE ELIGIBLE INDIVIDUAL**	People First PO Box 6830 Tallahassee, FL 32314

PERSONAL INFORMATION

Name and mailing address of employee (list any dependents on the back of this form)	Telephone number E-mail address (optional)

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

1. The qualifying event was a loss of employment that was involuntary or a reduction in hours.	☐ Yes ☐ No
3. I elected (or am electing) COBRA continuation coverage.	☐ Yes ☐ No
4. I am NOT eligible for other group health plan coverage (or I was not eligible for other group health plan coverage during the period for which I am claiming premium assistance).	☐ Yes ☐ No
5. I am NOT eligible for Medicare (or I was not eligible for Medicare during the period for which I am claiming premium assistance).	☐ Yes ☐ No

I make an election to exercise my right to ARP premium assistance and attest that I meet the requirements for treatment as an Assistance Eligible Individual. To the best of my knowledge and belief all of the answers I have provided on this form are true and correct.

Signature → _____ Date → _____

Type or print name → _____ Relationship to employee → _____

FOR EMPLOYER OR PLAN USE ONLY

This request is: ☐ Approved ☐ Denied Specify reason in #3 below and return a copy of this form to the applicant.

REASON FOR DENIAL OF TREATMENT AS AN ASSISTANCE ELIGIBLE INDIVIDUAL

1. Loss of employment was voluntary.	☐
2. Individual did not experience a reduction in hours.	☐
3. Individual did not elect COBRA coverage.	☐
4 Other (please explain)	☐

Signature of employer, plan administrator, or other party responsible for COBRA administration for the Plan

→ _____ Date → _____

Type or print name → _____

Telephone number → _____ E-mail address → _____

For Further Assistance, you may contact the Department of Labor's Employee Benefits Administration at 1-866-444-3272, or online at https://www.askebsa.dol.gov/WebIntake.

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

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

a. _____

1. I elected (or am electing) COBRA continuation coverage.	☐ Yes ☐ No
2. I am NOT eligible for other group health plan coverage.	☐ Yes ☐ No
3. I am NOT eligible for Medicare.	☐ Yes ☐ No
4. The qualifying event was an involuntary termination or a reduction in hours.	☐ Yes ☐ No

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

Signature → _____ Date → _____

Type or print name → _____ Relationship to employee → _____

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

b. _____

1. I elected (or am electing) COBRA continuation coverage.	☐ Yes ☐ No
2. I am NOT eligible for other group health plan coverage.	☐ Yes ☐ No
3. I am NOT eligible for Medicare.	☐ Yes ☐ No
4. The qualifying event was an involuntary termination or a reduction in hours.	☐ Yes ☐ No

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

Signature → _____ Date → _____

Type or print name → _____ Relationship to employee → _____

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

c. _____

1. I elected (or am electing) COBRA continuation coverage.	☐ Yes ☐ No
2. I am NOT eligible for other group health plan coverage.	☐ Yes ☐ No
3. I am NOT eligible for Medicare.	☐ Yes ☐ No
4. The qualifying event was an involuntary termination or a reduction in hours.	☐ Yes ☐ No

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

Signature → _____ Date → _____

Type or print name → _____ Relationship to employee → _____

This form is designed for plans to distribute to COBRA qualified beneficiaries who are not paying premiums pursuant to ARP so they can notify the plan if they become eligible for other group health plan coverage, or Medicare.

Use this form to notify your Plan that you are eligible for other group health plan coverage or Medicare and therefore not eligible for premium assistance under the ARP.

State Group Insurance Plan	**Participant Notification**	People First PO Box 6830 Tallahassee, FL 32314

PERSONAL INFORMATION

Name and mailing address	Telephone number E-mail address (optional)

PREMIUM ASSISTANCE INELIGIBILITY INFORMATION – Check one

I am eligible for coverage under another group health plan. If any dependents are also eligible, include their names below. Insert date you became eligible_____	☐
I am eligible for Medicare. Insert date you became eligible_____	☐

IMPORTANT

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

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

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

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

Signature → _____ Date → _____

Type or print name → _____

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

_____ _____

_____ _____

Form for Switching COBRA Continuation Coverage Benefit Options

Instructions: To change the benefit option(s) for your current COBRA continuation coverage to something different than what you or the participating employee had on the last day of coverage, complete this form and send to the People First Service Center or call the People First Service Center at (866) 663-4735. Under federal law, you have 90 days after the date of this notice to decide whether you want to switch benefit options. To change your election, you must call the People First Service Center or return the completed form (i.e., must be post-marked) no later than 90-days after the date of this notice.

Send completed form to: People First, PO Box 6830, Tallahassee, FL 32314

THIS IS NOT YOUR ELECTION NOTICE
YOU MUST SEPARATELY COMPLETE AND RETURN THE ELECTION NOTICE TO SECURE YOUR COBRA CONTINUATION COVERAGE.

I (We) would like to change the COBRA continuation coverage option(s) in the State Group Insurance Program (the Plan) as indicated below:

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

a. _____

Old Coverage Option: _____

New Coverage Option: _____

b.
_____

Old Coverage Option: _____

New Coverage Option: _____

c.
_____

Old Coverage Option: _____

New Coverage Option: _____

_____ _____
Signature Date

_____ _____
Print Name Relationship to individual(s) listed above

_____ _____
Print Address Telephone number