



12/7/2022

Tim Sample & Family
123 Test Ave
Test, ND 00000

Dear Tim Sample & Family:

**GENERAL NOTICE OF YOUR RIGHTS
GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA**

**THIS LETTER IS FOR YOUR INFORMATION ONLY. PLEASE RETAIN FOR FUTURE REFERENCE.
THERE HAS NOT BEEN A CHANGE IN YOUR STATUS WITH YOUR COMPANY.**

This letter contains important information about your employee benefits plan(s). Please read the entire letter.

On April 7, 1986, a federal law called COBRA was enacted (Public Law 99-272, Title X), requiring that most employers sponsoring group health plans offer employees and their families (qualified beneficiary/ies) the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights as a qualified beneficiary and obligations under COBRA. Both you and your spouse, if applicable, should take the time to read this notice carefully. This notice does not fully describe COBRA or other rights under the Sample Company Inc group health plan ("Group Health Plan"). For additional information you should review the Group Health Plan's Summary Plan Description or contact the Sample Company Inc Plan Administrator at (555) 555-5555. Also, you may visit the Department of Labor website (www.dol.gov) for more information on COBRA.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

QUALIFYING EVENTS

If you are an employee of Sample Company Inc covered by the Group Health Plan, you have a right to choose COBRA if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by the Group Health Plan, you have the right to choose COBRA for yourself if you lose group health coverage under the Group Health Plan for any of the following reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment with Sample Company Inc;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by the Group Health Plan, he or she has the right to choose COBRA if the Group Health Plan is lost for any of the following reasons:

1. The death of the parent-employee;
2. A termination of the parent-employee's employment (for reasons other than gross misconduct) or reduction in the parent-employee's hours of employment with Sample Company Inc;
3. The parent-employee's divorce or legal separation;

4. The parent-employee became entitled to Medicare prior to his/her qualifying event; or
5. The dependent child ceases to be a dependent child under the Group Health Plan.



Children born to or adopted by a covered employee during the continuation coverage period may also elect continuation coverage, provided that the covered employee has elected COBRA coverage for himself or herself. The coverage period will be determined according to the date of the qualifying event that resulted in the covered employee's COBRA coverage.

Sometimes, filing a bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Sample Company Inc and that bankruptcy results in the loss of coverage of any retired employee under the Group Health Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Group Health Plan.

COVERAGE PROVIDED

Under COBRA, the employee or a family member has the responsibility to inform the Sample Company Inc Plan Administrator at (555) 555-5555 of a divorce, legal separation, or a child losing dependent status under the Group Health Plan within 60 days of the later of (1) the date of the qualifying event or (2) the date on which coverage would be lost as a result of the qualifying event.

If notification is not made within 60 days after the applicable qualifying event occurs or if you do not timely provide any additional documentation or information (if requested) in a timely manner, your notification will be rejected and COBRA coverage will not be offered.

Sample Company Inc has the responsibility to notify the COBRA administrator of the employee's death, termination, and reduction in hours of employment or Medicare entitlement. Once the plan receives notice that a qualifying event has occurred, COBRA coverage will be offered to each qualified beneficiary. Each qualified beneficiary will have an independent right to elect COBRA coverage for 60 days from the later of the date coverage is lost under the plan or the date of notification to elect COBRA coverage. Covered employees may elect COBRA coverage on behalf of their spouse, and parents may elect COBRA coverage on behalf of their eligible dependent children. If a qualified beneficiary does not elect COBRA/continuation coverage within this period, the right to COBRA/continuation coverage will terminate.

If you elect COBRA, Sample Company Inc is required to give you and your covered dependents, if any, coverage that is identical to the coverage provided under the plan to similarly situated employees or family members. Under COBRA, you may have to pay all or part of the premium for your continuation coverage.

PERIOD OF COVERAGE

COBRA requires that you be afforded the opportunity to maintain coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required COBRA period is 18 months.

The 18-month period may be extended to 29 months if an individual is determined by the Social Security Administration (SSA) to be disabled (for Social Security purposes) at any time during the first 60 days of COBRA coverage or before COBRA coverage began and you are still disabled at the end of the original maximum continuation period of coverage (generally 18 months). To benefit from this extension, a qualified beneficiary must notify WEX Health, Inc. Staging at (866) 451-3399 of that determination within 60 days of the later of (1) the date the qualified beneficiary is determined to be disabled by the Social Security Administration; (2) the date of the qualifying event; and (3) the date on which the qualified beneficiary would lose coverage because of the qualifying event, and before the end of the original 18-month period.

If the above notification is not made within 60 days of the date of the disability determination made by the Social Security Administration and before the end of the 18-month period of COBRA/continuation coverage, or if you do not provide the additional documentation or information (if requested) in a timely manner, your notification will be rejected and any additional COBRA/continuation coverage beyond the original 18-month period will not be offered.

The affected individual must also notify the WEX Health, Inc. Staging within 30 days of any final determination that the individual is no longer disabled.

SECOND QUALIFYING EVENT EXTENSION

If the original event causing the loss of coverage was a termination (other than for gross misconduct) or a reduction in hours, another extension of the 18-month continuation period may occur, if during the 18 months of COBRA coverage, a qualified beneficiary experiences certain secondary qualifying events:



1. Divorce or legal separation
2. Death
3. Medicare entitlement
4. Dependent child ceasing to be a dependent

You will be required to have certain information available about your qualifying event, including: the type of qualifying event (divorce, legal separation, losing dependent coverage); the date of the divorce, legal separation or dependent losing coverage; the name and Social Security number of the covered employee; and the name, address and Social Security number of the covered spouse or dependent who is losing coverage.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight months before the date on which his employment terminates, COBRA coverage for his spouse and eligible dependents 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). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA coverage can be extended.

If a second qualifying event does take place, COBRA provides that the qualified beneficiary may be eligible to extend COBRA up to 36 months from the date of the original qualifying event. If a second qualifying event occurs, it is the qualified beneficiary's responsibility to inform the Sample Company Inc Plan Administrator within 60 days of the event. In no event, however, will COBRA last beyond three years from the date of the event that originally made the qualified beneficiary eligible for COBRA. If COBRA coverage is elected, the coverage previously in effect will generally be continued. From time to time, some changes in coverage are possible. For example, benefits and cost will be modified as regular changes are made to the plan. Once you make your election, you will have up to 45 days to pay your first COBRA coverage premium, which will include any make-up premiums you missed. COBRA coverage will be effective the day after the qualifying event or the last day of active coverage, whichever is later. Premiums will be equal to the entire cost of the coverage, with an additional two percent to cover administrative expenses.

If the above notification is not made within 60 days after the second qualifying event occurs or if you do not provide any additional documentation or information (if requested) in a timely manner, your notification will be rejected and any additional COBRA coverage beyond the original 18- (or 29-) month period will not be offered.

SPECIAL RULE FOR HEALTH FSAs

COBRA coverage under the Sample Company Inc Health FSA will be offered only to qualified beneficiaries losing coverage that have under-spent accounts. A qualified beneficiary has an under-spent account if the annual limit elected by the covered employee, reduced by reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the premiums for the Sample Company Inc Health FSA COBRA coverage that will be charged for the remainder of the plan year. COBRA coverage will consist of the Sample Company Inc Health FSA coverage in force at 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 the COBRA coverage for the FSA plan will terminate at the end of the plan year.

Unless otherwise elected, all qualified beneficiaries who were covered under the Sample Company Inc Health FSA will be covered together for Health FSA COBRA coverage. However, each qualified beneficiary could alternatively elect separate COBRA coverage to cover that beneficiary only with a separate Health FSA annual limit and a separate premium. If you are interested in this alternative, contact WEX Health, Inc. Staging at (866) 451-3399 during business hours for more information.

SPECIAL RULE FOR EMPLOYEES IN THE UNIFORMED SERVICES

If you are an employee and your coverage under the plan terminates due to your service in the uniformed services, you may elect special continuation coverage under the Uniformed Services Employment and Reemployment Rights Act (USERRA) for yourself and your covered spouse and covered dependents. This special continuation of coverage may extend for up to 24 months beginning from the date your plan coverage would otherwise terminate due to your service in the uniformed services. Service in the uniformed services includes your performance of duty on a voluntary or involuntary basis in the Armed Forces (including the Coast Guard and the Reserves), the Army National Guard, the Air National Guard, and the commissioned corps of the Public Health Service. If you believe this special continuation of coverage rule applies to you, please contact your human resources contact at your employer.



ALTERNATE RECIPIENTS UNDER QMCSOs

A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical child support order (QMCSO) received by Sample Company Inc during the covered employee's period of employment with Sample Company Inc is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

PLAN CONTACT INFORMATION

To ensure that all covered individuals receive information properly and timely, it is important that you notify our Customer Service Department at (866) 451-3399 of any change in dependent status or any address change of any family member as soon as possible. Certain changes must be submitted to us in writing. You should keep a copy, for your records, of any notices you send. Failure on your part to notify us of any changes may result in delayed notification or loss of continuation of coverage options.

OTHER COVERAGE OPTIONS

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, 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 continuation coverage. You can learn more about many of these options at www.healthcare.gov.

ENROLLMENT IN MEDICARE

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 Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of the month after your employment ends or the month after group health plan coverage based on current employment ends. For more information visit <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

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 later 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 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>.

For more information about your rights under ERISA, including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

If you have any questions about COBRA, please contact our Customer Service Department at (866) 451-3399 during business hours.

Sincerely,





Test

3/20/2023

Sam Sample
123 Test Ave
Test, ND 00000

Dear Sam Sample:

Action Summary

IMPORTANT INFORMATION: This packet contains important information about your COBRA continuation coverage rights and other health coverage alternatives. This Action Summary provides actions that may be required of you. We recommend retaining a copy of this packet.

Please read the entire packet very carefully before you make your coverage decision. If you don't wish to enroll in COBRA coverage, no action is needed.

It can take up to 15 business days for your insurance carrier to reinstate your coverage. Given the processing time, we recommend you elect and make your initial premium payment as soon as possible.

The fastest and most convenient way to elect and make payments is through the online account or mobile app.

Important: You will need your registration code, located in the **New Member Login Notice** in this packet, for online or mobile access.

Elect

Elect COBRA coverage using one of the following options:

- Online account: Visit **cobralogin.wexhealth.com**
- Mobile app: Download the **COBRA + Direct Bill by WEX** mobile app
- Mail: Complete and submit the enclosed COBRA Election Form to WEX using the address provided on the form

Pay

After electing, make a payment using one of the following options:

- Recommended: Set up recurring payments through the online account or mobile app with no additional processing fee
- Make a one-time payment through the online account or mobile app
 - Note: One-time payments include a \$20 processing fee
- Mail a check or money order to WEX Health, Inc., PO Box 2079, Omaha NE 68103-2079
 - Include your Member ID, located in the Profile tab of your online account, in the memo line

Note: Your initial premium includes all premiums which have become due since your first day of COBRA.

Reinstate your coverage

Once you have elected and paid the initial premium, WEX will send a notice to your insurance carrier to reinstate your coverage. It can take up to 15 business days for your insurance carrier to reinstate your coverage. Please contact your insurance carrier for any questions regarding your plan's coverage, member ID card, or claim status.

IMPORTANT INFORMATION: COBRA Continuation Coverage and other Health Coverage Alternatives

This letter contains important information about your COBRA continuation coverage rights as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. For more information on the Health Insurance Marketplace go to www.HealthCare.gov or call 1-800-318-2596. Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the COBRA Continuation Election Form accompanying this letter or one of the other methods described in the Election Form.

Su cobertura de seguro de salud que Usted tenía por medio de su compañía ha sido cancelada. Este aviso contiene un resumen en inglés de sus derechos para elegir a continuar su cobertura de seguro de salud. Si Usted tiene dificultad para entender cualquier parte de este aviso, debería llamar al (866) 451-3399 durante el horario de 6:00 AM a 9:00 PM lunes a viernes, a excepción de días festivos.

You are receiving this letter because on 11/30/2022 you experienced an event of a/an Termination which constitutes a qualifying event under the Sample Company Inc group health plan(s) ("the plan"). As a result, your coverage, and that of your covered dependent(s), if any, will end on the date(s) set forth on the COBRA Continuation Election Form accompanying this letter.

Federal law requires that most group health plans (including this plan) give employees and their families the opportunity to continue their health care coverage through COBRA when there is a "qualifying event" that would result in a loss of coverage under an employer's plan.

COBRA Continuation Coverage

COBRA continuation coverage is the same coverage that the plan gives to other participants or beneficiaries under the plan who are not receiving continuation coverage. Each qualified beneficiary who elects COBRA continuation coverage will have the same rights under the plan as other participants or beneficiaries covered under the plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee (or former employee or retired employee) covered under the group health plan, the covered employee's spouse, and the dependent children of the covered employee.

Review Your COBRA Options Online

You can review your COBRA options by logging into cobralogin.wexhealth.com or by downloading the WEX COBRA mobile app. You will need your registration code found in your **New Member Login Notice** located in this packet in order to log in.

How to Elect COBRA Coverage

Instructions for electing COBRA continuation coverage are provided in the enclosed COBRA Election Form.

Other Coverage Options Besides COBRA Continuation Coverage

Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, 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 continuation coverage. 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. When you lose job-based health coverage, it is important that you choose carefully between COBRA continuation coverage and your other coverage options because once you've made your choice, it can be difficult or impossible to switch to another coverage option.



Cost of COBRA Continuation Coverage

Each qualified beneficiary must pay the entire cost of continuation coverage plus an administrative fee, where applicable. This amount may not exceed 102% (or, in the case of an extension of continuation coverage due to a disability, 150%) of the total cost of coverage for a similarly situated plan participant or beneficiary who is not receiving COBRA continuation coverage. The required monthly payment for each option is described in the enclosed COBRA Election Form.

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Important information about paying your premium is provided below and in the COBRA Election Form. **You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.** You can learn more about the Marketplace below.

Payment of COBRA Coverage Premiums

First payment for COBRA continuation coverage

You must make your first payment for COBRA continuation coverage no later than 45 days after the date of your election. (This is the date your COBRA Election Form is postmarked, if mailed.) If you do not make your first payment in full no later than 45 days after the date of your election, you will lose all COBRA continuation coverage rights under the plan. Your first payment must cover the cost of COBRA continuation coverage from the time your coverage under the plan was lost through the end of the month, as well as any premiums that become due prior to the end of the 45-day period. You are responsible for making sure that the amount of your first payment is correct. You may contact WEX Health, Inc. Staging at (866) 451-3399 to confirm the correct amount of your first payment.

Monthly payments for COBRA continuation coverage

After you make your first payment for COBRA continuation coverage, you must make monthly payments for each subsequent month of COBRA continuation coverage. The current amount of this premium is explained in the enclosed COBRA Election Form. The premium may change in the future. Under the plan, each of these monthly payments for COBRA continuation coverage is due on the first day of the month for that month's coverage period. Thus, if you make a monthly payment on or before the first day of the month for the month to which it applies, your coverage under the plan will continue for that month without any break. The plan will not send monthly notices of payments due for these coverage periods.

Grace periods for monthly payments

Although monthly payments are due on the first day of each month, you will be given a grace period of 30 days after the first day of the month to make each monthly payment. The grace period does not apply for purposes of your first payment as discussed above. However, if you pay a monthly payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the month, your coverage under the plan 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 fail to make a monthly payment before the end of the grace period for that month, you will lose all rights to COBRA continuation coverage under the plan. Payments postmarked after the grace period are late. Late payments will not be accepted, and coverage will terminate with no possibility of reinstatement. Proof of timely payment is your responsibility.

Length of COBRA Coverage Period

If elected, COBRA continuation coverage can last for a maximum continuation period described in the enclosed COBRA Election Form, beginning on the date of your qualifying event or loss of coverage, whichever is later.

Generally, in the case of a loss of coverage due to the end of employment or reduction in hours of employment, if elected, COBRA continuation coverage may be continued up to a total of 18 months. If, however, you become (or became) entitled to Medicare benefits less than 18 months before your termination or reduction in hours of employment, your spouse and dependents may be entitled to continue COBRA coverage up to the greater of either: (a) 36 months from the date of your Medicare entitlement; or (b) 18 months from the date of your qualifying event, or loss of coverage, whichever is later. For example, if you become entitled to Medicare eight months before the date on which your employment terminates, COBRA coverage for your spouse and eligible dependents 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). **If you think this extension may apply, you should notify WEX Health, Inc. Staging.**



How Can You Extend the Length of COBRA Continuation Coverage?

If you elect COBRA continuation coverage and your initial qualifying event is the covered employee's termination or reduction in hours of employment, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify WEX Health, Inc. Staging in writing of a disability or a second qualifying event in order to extend the period of COBRA continuation coverage. Failure to provide notice of a disability or second qualifying event will eliminate the right to extend the period of COBRA continuation coverage.

If your spouse or dependent children are qualified beneficiaries and they experience another qualifying event while receiving 18 months (or 29 months in the case of a disability extension, discussed below) of COBRA continuation coverage, they may be allowed up to 36-months of COBRA continuation coverage. A second qualifying event may include your death, divorce or legal separation or becoming entitled to Medicare benefits (under Part A, Part B, or both) or your dependent child's ceasing to be eligible for coverage as a dependent under the plan. These events extend the original maximum continuation period of COBRA continuation coverage only if they would have caused your spouse or dependent child(ren), if any, to lose coverage under the plan if the original qualifying event had not occurred. To receive this extension, you and/or your spouse and dependent child(ren), must notify WEX Health, Inc. Staging in writing within 60 days of the occurrence of these events. If you fail to provide timely notice of a second qualifying event, your notification will be rejected and any additional COBRA continuation coverage beyond the original 18-month (or 29-month) period will not be offered.

Social Security Disability Determination

If it is determined that you or any other qualified beneficiary in your family (e.g., your spouse or dependent child(ren), if any) was determined to be disabled (by the Social Security Administration) at any time during the first 60 days of COBRA coverage or before COBRA continuation coverage began and the individual is still disabled at the end of the original maximum continuation period of coverage (generally 18 months), the original maximum COBRA continuation period may be extended up to an additional 11 months for all qualified beneficiaries who elected COBRA continuation coverage on account of the initial qualifying event. This extension only applies if WEX Health, Inc. Staging is notified in writing before the end of the initial maximum COBRA period (generally 18 months) and within 60 days of the later of: (1) the date the qualified beneficiary is notified of the disability determination by the Social Security Administration; (2) the date you terminated or reduced your hours of employment; and (3) the date on which coverage would be lost under the plan as a result of your termination or reduction in hours of employment. If timely written notice of the disability determination is not provided, the notification will be rejected and any additional COBRA continuation coverage beyond the original 18-month period will not be offered. If the qualified beneficiary is no longer considered disabled, any COBRA continuation coverage extended beyond the 18-month limit that would otherwise apply will be terminated for the disabled qualified beneficiary and all related qualified beneficiaries. Federal law requires that you notify WEX Health, Inc. Staging of a determination by the Social Security Administration that you, your spouse, or dependent child(ren) are no longer disabled within 30 days of such a determination. For more information about extending the length of COBRA continuation coverage visit <https://www.dol.gov/agencies/ebsa/workers-and-families/changing-jobs-and-job-loss>.

Early Termination of COBRA Coverage

COBRA continuation coverage may terminate for the qualified beneficiary early if: (1) The required premium payment is not paid when due; (2) After the date of the COBRA election the qualified beneficiary becomes covered under another group health plan; (3) After the date of the COBRA election the qualified beneficiary becomes entitled to Medicare benefits (including Medicare Part A, Part B, or both); (4) All of Sample Company Inc group health plans are terminated; (5) If coverage is extended an additional 11 months due to disability, a final determination by the Social Security Administration that the individual is no longer disabled; (6) COBRA continuation coverage may also be terminated for any reason the plan would terminate coverage of a participant or beneficiary not receiving COBRA continuation coverage (such as fraud). Qualified beneficiaries must notify WEX Health, Inc. Staging promptly if, after electing COBRA, they become covered under another group health plan or become entitled to Medicare. If this notice is not timely and properly provided, the qualified beneficiary's COBRA continuation coverage may be terminated retroactively, and the qualified beneficiary may be required to repay a portion of the benefits received.



Trade Act Adjustment Assistance

Special COBRA rights may apply if you lose coverage because of termination of employment or a reduction in hours of employment and you qualify for a "trade readjustment allowance" or "alternative trade adjustment assistance" under a federal law called the Trade Act of 2002. Generally, in this situation, you may be entitled to a second opportunity to elect COBRA continuation coverage for yourself and certain family members, but only within a limited period of 60 days (or less) and only during the six months immediately after your initial loss of coverage. You may also be eligible to take a tax credit or get an advance payment of 72.5% of premiums paid for COBRA continuation coverage. You must contact the Plan Administrator promptly after qualifying for assistance under the Trade Act or you may lose these special COBRA rights. More information can be found by visiting www.doleta.gov/tradeact/ or www.irs.gov/HCTC, or by contacting the Plan Administrator.

Special Rule for Employees in the Uniformed Services

If you are an employee and your coverage under the plan terminates due to your service in the uniformed services, you may elect special continuation coverage under the Uniformed Services Employment and Reemployment Rights Act (USERRA) for yourself and your covered spouse and covered dependents. This special continuation of coverage may extend for up to 24 months beginning from the date your plan coverage would otherwise terminate due to your service in the uniformed services. Service in the uniformed services includes your performance of duty on a voluntary or involuntary basis in the Armed Forces (including the Coast Guard and the Reserves), the Army National Guard, the Air National Guard, and the commissioned corps of the Public Health Service. If you believe this special continuation of coverage rule applies to you, please contact the Plan Administrator.

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. Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation 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 health 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.

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

If you sign up for COBRA continuation coverage you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation 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." Be careful though – if you terminate your COBRA continuation coverage early without another qualifying event, you'll 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 continuation 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 continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.



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 of the loss of coverage. If you or your dependent chooses to elect COBRA continuation 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 continuation 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 group health plan coverage based on current employment ends. These rules are different for people with End Stage Renal Disease (ESRD). For more information visit

<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

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% 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're currently getting 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 options for health coverage; Drug Formularies: If you're 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 got 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; and, 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.

For More Information

This notice does not fully describe COBRA continuation coverage or other rights under the plan. More information about COBRA continuation coverage and your rights under the plan is available in the summary plan description (SPD) for your group health plan (SPD) or from the Plan Administrator. You can obtain a copy of the SPD by contacting the Sample Company Inc Human Resource Department during business hours. The SPD contains a complete description of your benefits.

If you have questions about the information in this letter or your right to COBRA continuation coverage, call 866-451-3399.



For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at (866) 444-3272. For more information about health insurance options available through a Health insurance 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

Keep WEX Health, Inc. Staging informed of any changes in your or your family member's address. You should also keep a copy, for your records, of any notices you send to WEX Health, Inc. Staging.

Sincerely,

WEX Health, Inc. Staging



COBRA CONTINUATION COVERAGE ELECTION FORM**Sample Company Inc**

**IMPORTANT: PLEASE RETAIN A COPY OF THIS COBRA ELECTION FORM FOR FUTURE REFERENCE.
THIS FORM CONTAINS INFORMATION ABOUT YOUR RIGHTS UNDER COBRA.**

You can elect COBRA continuation coverage in one of three ways – (1) you can log in to the member portal at cobralogin.wexhealth.com, (2) you can download the WEX COBRA mobile app, or (3) you can complete and submit the enclosed COBRA Election Form to WEX using the address provided below. Additional information regarding using the website or app to elect continuation coverage is provided in the New Member Welcome Letter (enclosed). Regardless of the method that you use, your election must be made no later than the Election Period End date ("Last Day to Elect") shown below. If the Election Form is mailed, it must be postmarked by the Last Day to Elect. If you do not elect COBRA continuation coverage on or before the Last Day to Elect, you will lose your right to elect coverage.

Important information about paying for continuation coverage is provided elsewhere in this letter. After electing COBRA coverage, payments can be made at cobralogin.wexhealth.com, through the WEX COBRA mobile app, or by check/money order mailed to WEX Health, Inc., PO BOX 2079, Omaha, NE 68103. Additional information is provided below.

Once you have elected and paid the full amount owed for COBRA continuation coverage, WEX will send a notice to the carrier to reinstate your coverage (you must pay all premiums which have become due during your initial grace period). Please contact your carrier for any questions regarding your plan's coverage, member ID card or claims status.

****Please note:** it can take up to 15 business days for the carrier to activate your coverage.

If you waive coverage under COBRA before the end of the enrollment period, you can change your mind and continue coverage by submitting your completed election form before the end of the enrollment period described below for each plan. However, if you change your mind after first waiving COBRA continuation coverage, your COBRA continuation coverage may begin on the date you submit the completed form.

You should read the important information about your rights included with this election form. If you have questions about COBRA or need assistance to complete your election form, please contact our Customer Service Department at (866) 451-3399 during business hours.

Qualified Beneficiary(QB):

Sam Sample
123 Test Ave
Test, ND 00000

Event Date: 11/30/2022
Event Type: Termination

Second Event: No

COBRA gives each Qualified Beneficiary the right to elect coverage independently. You, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage. In addition, you or your spouse may elect COBRA continuation coverage on behalf of any covered dependent child(ren). For example, COBRA continuation coverage may be elected for only one, several, or for all your dependent children who are qualified beneficiaries.

Premium Information:

| Plan Name | Coverage Level | Monthly Premium |
|-----------------------|----------------|-----------------|
| Sample Dental | QB Only | \$30.60 |
| Sample Medical | QB Only | \$306.00 |
| Total Premium: | | \$336.60 |

Continuation Information:



| Plan Name | First Day of COBRA | Last Day of COBRA | # Months of COBRA | Last Day To Elect | Initial Grace Period Days | Subsequent Grace Period Days |
|----------------|--------------------|-------------------|-------------------|-------------------|---------------------------|------------------------------|
| Sample Dental | 12/1/2022 | 5/31/2024 | 18 | 2/5/2023 | 45 | 30 |
| Sample Medical | 12/1/2022 | 5/31/2024 | 18 | 2/5/2023 | 45 | 30 |

Note: The first day of COBRA coverage in the column above indicates the first day COBRA continuation coverage would begin if you choose to elect it. Your regular coverage from your employer terminated on the day prior to the day listed in this column.

Election Options (Individuals Enrolled Prior to Qualifying Event):

Please mark your acceptance or waiver of coverage for each individual below. If no selection is made for an individual, it will be treated as a waiver of coverage for that benefit.

PLEASE NOTE: Omission of any required dependent information may prevent reinstatement for EVERYONE. Date of Birth, SSN, and gender are all required by your carrier.

| Name | Relationship |
|---|--------------|
| Sam Sample | QB |
| Accept <input type="checkbox"/> Waive <input type="checkbox"/> Sample Dental | |
| Accept <input type="checkbox"/> Waive <input type="checkbox"/> Sample Medical | |

Dependent information is required if you are enrolling in a plan that covers dependents. Please list each of the individuals electing continuation (including yourself, if applicable) along with their social security number, date of birth, gender and plan(s). Each individual listed must have been covered immediately preceding your qualifying event. Omission of any of the requested information may delay reinstatement of coverage for everyone.

PLEASE NOTE: Omission of any required dependent information may prevent reinstatement for EVERYONE. Date of Birth, SSN, and gender are all required by your carrier.

Qualified Beneficiary SSN Date of Birth Gender

1. _____

Plan Name(s) Elected _____

2. _____

Plan Name(s) Elected _____

3. _____

Plan Name(s) Elected _____

4. _____

Plan Name(s) Elected _____

5. _____

Plan Name(s) Elected _____

Please provide an email address and phone number where you can be reached in case there are questions regarding your account: _____

All correspondence and premium payments should be remitted directly to the address below. Payment must be in the form of a check or money order made payable to WEX Health, Inc. Staging. DO NOT send cash. Payments may also be made online at cobralogin.wexhealth.com or through the WEX COBRA mobile app.



WEX Health, Inc. Staging
Wex Health, Inc
PO Box 2079
Omaha, NE 68103-2079

Please pay only the amount due. If overpayment is made and you continue your COBRA continuation coverage, the overpayment is applied to the next month's premium. To check the status of your payments or to confirm whether your COBRA coverage is active, log in to your online account at cobralogin.wexhealth.com or contact us at (866) 451-3399.

Acceptance of your COBRA payment, whether by check, credit card, debit, money order or any other method of payment, does not guarantee that you have COBRA coverage. Our billing system is automated. This means that, in most cases, we will automatically accept your COBRA payment before we are able to verify whether you are eligible for COBRA coverage. Once we receive your payment, we will review our records to confirm that you are eligible for COBRA coverage.

[] I have read this form and the notice of my election rights. I understand my rights to elect COBRA continuation coverage and would like to take the action indicated above. I understand that if I elect COBRA continuation coverage, my COBRA continuation coverage will terminate under several circumstances according to COBRA regulations, including: non-payment of premium, the date I become covered under another Group Health Plan or become entitled to Medicare after the COBRA election, or on the date which this Group Plan ends.

I understand that future premiums are due the first of each month. I also understand that failure to pay the required premiums will result in termination of COBRA rights and coverage.

I understand that not providing all required information for myself or my dependents could result in coverage not being reinstated with my insurance carrier(s).

Signature _____ **Date** _____

*NOTE: If signature line is on a second page, be sure to include all pages of the election form. We will not be able to process your election without the entire form.



**With marketplace,
you've got **options.****

Looking for an affordable insurance coverage alternative to COBRA?
We've got you covered.

When you shop on our marketplace, you're in control of your coverage with access to a wide range of affordable plan options, including medical, dental, vision, and ancillary benefits. The most important thing is that you're covered.

> Visit marketplace.wexhealth.com to compare options in your area.

COBRA questions? 866-451-3399

Marketplace questions? 855-955-5831





11/25/2024

Sean Sample
123 Test Ave
Test, ND 00000

Dear Sean Sample:

Attached is a new set of Premium Payment Coupons for your continuation under the Sample Company Inc group health plan(s). Premium payments are due on the first of each month. To make your monthly payment, detach and mail the appropriate payment coupon and check or money order for the required amount to the remittance address included on the coupon. Failure to remit payment within the grace period of each plan will result in coverage termination for that plan. Please refer to your COBRA Election Form to determine your grace period by plan. Grace periods begin the day after the due date of your premium.

It is required that you indicate on each Premium Payment Coupon whether any Qualified Beneficiary has become ineligible for COBRA during the past month. Please do not fail to complete, date and sign the coupon when paying your premium.

Any address or coverage changes are to be submitted in writing to WEX Health, Inc. at the remittance address indicated on each payment coupon.

Please pay only the amount due. If overpayment is made and you continue your COBRA coverage, the overpayment is applied to the next month's premium. To check the status of your payments or to confirm whether your COBRA coverage is active, log in to your online account at cobralogin.wexhealth.com or contact us at (866) 451-3399.

Acceptance of your COBRA payment, whether by check, credit card, debit, money order or any other method of payment, does not guarantee that you have COBRA coverage. Our billing system is automated. This means that, in most cases, we will automatically accept your COBRA payment before we are able to verify whether you are eligible for COBRA coverage. Once we receive your payment, we will review our records to confirm that you are eligible for COBRA coverage.

RECURRING AUTOMATIC PAYMENTS

Did you know you can set up recurring ACH for your monthly payments? ACH is a safe, fast and secure way to ensure your monthly payment is made on time, every time. To sign up, log in to your online account or the WEX COBRA Mobile App and enter your banking information on the Recurring Payments page.

Please be sure to confirm when your recurring ACH payments will begin before stopping other payment methods to ensure you remain current in your premium payments. Failure to do so may result in the termination of your COBRA coverage.

If you have questions regarding your COBRA premium, please contact our Customer Service Department at (866) 451-3399 during business hours.

Sincerely,

WEX Health, Inc. Staging


PREMIUM PAYMENT COUPON



| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|---|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 12/1/2024 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|




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PREMIUM PAYMENT COUPON

| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|--|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 1/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|




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PREMIUM PAYMENT COUPON

| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|--|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 2/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|



PREMIUM PAYMENT COUPON



| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|--|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 3/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature _____ Date _____



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PREMIUM PAYMENT COUPON

| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|--|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 4/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature _____ Date _____



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PREMIUM PAYMENT COUPON

| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|--|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 5/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature _____ Date _____



PREMIUM PAYMENT COUPON



| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|--|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 6/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature

Date



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PREMIUM PAYMENT COUPON

| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|--|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 7/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature

Date



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PREMIUM PAYMENT COUPON

| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|--|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 8/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature

Date



PREMIUM PAYMENT COUPON



| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|--|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 9/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature

Date



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PREMIUM PAYMENT COUPON

| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|---|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 10/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature

Date



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PREMIUM PAYMENT COUPON

| Qualified Beneficiary | COBRA Premium Due | Remit To |
|---|---|--|
| Sample, Sean SSN: xxx-xx-2282 Sample Company Inc CustID: 101 - MemberID: 7120556 | Due Date: 11/1/2025 Amount Due: \$336.60 | WEX Health, Inc. Staging Wex Health, Inc PO Box 2079 Omaha, NE 68103-2079 |

Acceptance of your payment does not guarantee continued coverage. By submitting your payment, you are certifying that all qualified beneficiaries, including yourself, remain eligible to participate in COBRA continuation coverage.

Signature

Date





9/29/2023

John Doe
100 Main Street Philadelphia, PA 19103

Dear John Doe:

We have been informed that you recently experienced a qualifying event that has caused a loss of coverage in Sample Client's Group Health Plan. It has been determined that you are ineligible for continuation coverage in the Plan for the following reason:

Notification of Qualifying Event received within 60 days

If you have questions about the continuation denial or need further information about the reasons for it, please contact COBRA Participant Services at (866) 451-3399.

Sincerely,

Sample Administrators



9/7/2021

Ken Sample
1234 Test Ave
Test, ND 58104

Dear Ken Sample:

You are hereby notified that your participation and that of your eligible qualified dependents, if any, in the Sample Group group health benefits continuation plan(s) listed below, will be or has been terminated on the date listed below.

Plan Termination Information:

| Plan Name | Coverage Level | Termination Reason | Termination Date |
|------------------|----------------|------------------------------|------------------|
| Medical HMO Plan | QB Only | Payment grace period expired | 7/31/2021 |
| Dental | QB Only | Payment grace period expired | 7/31/2021 |

If you incurred any eligible expenses for which you are due reimbursement for the plan(s) listed above, you should file your claim with your insurance carrier(s) in the usual manner within the next 90 days.

If your state provides continuation coverage options after the Federal COBRA continuation period expires, you should examine your options carefully before declining this coverage. Please contact the Customer Service Department at your insurance carrier to learn more about continuation coverage options that may be available to you.

Please note, we have used the information supplied by Sample Group to calculate your maximum continuation period under the plan(s) you were insured prior to your qualifying event. If there is a discrepancy between our calculation and the underwriting insurance carrier, the insurance carrier always governs. Please contact your insurance carrier(s) to determine the exact end of your maximum continuation period.

Finally, if you are receiving this letter due to the expiration of your maximum continuation period under COBRA, and if the last day of your continuation period occurred on a date in the middle of a calendar month, this letter may have been sent prior to receipt of your payment for your final partial month of coverage. If you have not yet paid for your final partial month of coverage and still intend to do so, you have until the normal expiration of the payment grace period for this final month to postmark your payment.

If you have any questions regarding your COBRA continuation coverage, please contact our Customer Service Department at (866) 451-3399 during business hours.

Sincerely,

WEX Health, Inc. TEST