COBRA CONTINUATION COVERAGE ELECTION FORM - SUPPLEMENT

AMERICAN RESCUE PLAN ACT OF 2021 (ARPA) SUBSIDY ELIGIBILITY (4/1/2021 to 9/30/2021)

COBRA Enrollee Name: ____

Employee Name (If different): ____

*COBRA Coverage Effective Date: _____________________________________

*Indicate original COBRA effective date if already elected and currently enrolled (paying premiums) or indicate new COBRA coverage effective date if previously declined coverage or coverage lapsed and enrollment is being elected for the COBRA subsidy period.

ARPA COBRA Subsidy Eligibility:

- ☐ Eligible for ARPA COBRA Subsidy
- ☐ Not Eligible for ARPA COBRA Subsidy

If eligible, the employer will be billed for the COBRA premiums between 4/1/21 to 9/30/21, unless COBRA eligibility ends sooner. The COBRA enrollee will be billed for premiums from 10/1/21 through the remaining months of eligibility. The COBRA enrollee also has the option to enroll in different plan options, if applicable.

Employer/Plan Administrator shall notify Hawaii Dental Service (HDS) as soon as practicable of COBRA enrollee becoming eligible for another Group Health Plan (including dental) or for Medicare, as this may result in loss of the COBRA subsidy.

Employer/Plan Administrator and HDS agree that this COBRA Continuation Coverage Election Form - Supplement may be electronically signed and the electronic signature appearing on this Form is the same as a handwritten signature for purposes of validity, enforceability, and admissibility.

Completed by: (Signature Required)

____ Date: ______________________________

(Employer/Plan Administrator signature)

Group Name: ______________________________________ Group Number: ______________________

Email: ____ Phone: ____________________________

Return this completed form with the HDS COBRA Continuation Coverage Election Form to:

Hawaii Dental Service
Attention: COBRA
900 Fort Street Mall, Ste. 1900
Honolulu, HI 96813

Phone: (808) 529-9285 or toll free 844-379-4326
Fax: (808) 529-9343 or toll free 866-721-1951
Email: HDSBilling@HawaiiDentalService.com