

SANTA MONICA UNITE HERE HEALTH BENEFIT TRUST FUND

Administered By: Benefit Programs Administration
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Revocation of COBRA Coverage and Election of Hardship Extension Form

June 28, 2021

I understand that:

- The Hardship Extension is an alternative to COBRA coverage.
- If I elect the Hardship Extension for myself and any enrolled family members, the Fund will provide me (or us) with a 2- or 3-month extension of coverage, from March 1, 2021 or April 1, 2021, as applicable, through May 30, 2021.
- For the month of March only, the Hardship Extension will cost \$50 for coverage under the MLK Program and \$100 for coverage under Kaiser or HealthNet. For April and May, there is no cost for the Hardship Extension.
- When the Hardship Extension ends, the Fund will offer an opportunity to elect 18 or 36 months of COBRA coverage, as applicable.

By signing below, I am asking the Santa Monica UNITE HERE Health Benefit Trust Fund to do two things:

1. Please revoke (i.e., cancel) my election of COBRA coverage effective March 1, 2021, for myself and the Dependents I enrolled in COBRA. (However, if my/our COBRA coverage started on April 1, 2021, the revocation of COBRA coverage is effective on April 1, 2021).
2. Please approve me and the Dependents I previously enrolled in COBRA for a 2- or 3-month Hardship Extension of coverage beginning March 1, 2021, if I originally elected COBRA for March, or beginning April 1, 2021, if I originally elected COBRA to begin April 1, and lasting through May 31, 2021.

Name _____

Signature _____

Date _____

Phone Number _____

If the individual signing above is the Employee, this form will be deemed to include an election on behalf of the Employee and any Dependents whom the Employee previously enrolled in COBRA.