

EMPLOYER ELECTION ELIGIBILITY AMENDMENT FORM

EMPLOYER'S FULL LEGAL NAME:	REQUESTED EFFECTIVE DATE:
	April 1, 2020

When an Insured Employee is not Actively At Work, as defined by your Plan, the standard Plan provision will continue coverage until the end of the month in which that Employee last worked full-time hours. If you have previously elected to amend your Plan to continue coverage beyond the end of the month, for certain employment situations, that continuation will continue to apply. However, if your Plan currently has the standard provision, but you would like to continue all amended coverages for Insured Employees (and their dependents) not Actively At Work, for one of the following reasons, due to the COVID-19 Pandemic of 2019-2020, you may complete and return this completed form to update your Plan continuation provisions.

TERMINATIONS & REINSTATEMENTS:

Employees:	Coverage terminates:
<ul style="list-style-type: none"> • that quit or are terminated: 	the last day of the month that employment terminates(currently)
<ul style="list-style-type: none"> • that are laid-off, or • on an approved leave-of-absence, or • have a reduction in hours, or • that are part of a state mandated employer shut-down. 	<p style="text-align: center;"><u>ELECTION</u> (select one of the three options)</p> <p><input type="checkbox"/> the last day of the month(currently)</p> <p><input type="checkbox"/> _____ <input type="checkbox"/>days <input type="checkbox"/>months following the last actual day worked</p> <p><input type="checkbox"/> the last day of the month following _____ <input type="checkbox"/>days <input type="checkbox"/>months</p>
Please Note:	<i>Maximum continuation of 90 days / 3 months. Accrued hours (i.e. vacation, personal or sick time) do not extend eligibility beyond the employee's actual last day of full-time Active employment.</i>
<p>Employees reapplying for coverage within one year of their coverage termination date: (select one)</p> <p><input type="checkbox"/> do not have a waiting period or <input type="checkbox"/> must re-satisfy the current eligibility waiting period</p>	

GENERAL CONDITIONS Return completed Form for processing to: Tkaiser@groupmarketingservices.com

It is understood and agreed that this form merely amends provision(s) to a Plan that is already in effect for the Employer. All other plan provisions, exceptions, exclusions and limitations remain unchanged and in effect. Changes on this form are only in effect upon written approval of the carrier and will expire December 31, 2020. Unless changed differently, in writing, by the employer.

Signature: _____ Date: _____

Name: _____ Title: _____
(Type or Print)