

Premium Assistance Ineligibility Form

Name: _____

Former Employer: _____

SSN: _____

Phone: _____

Email: _____

Participant Notification of Other Group Health Plan Coverage or Medicare

This form is designed for plans to distribute to COBRA qualified beneficiaries who are not paying premiums pursuant to ARPA so they can notify the plan if they become eligible for other group health plan coverage, or Medicare. Use this form to notify isolated Benefit Services that you are eligible for other group health plan coverage or Medicare and therefore not eligible for premium assistance under the ARPA. Complete the information below and provide to:
isolated Benefit Services, Attention: Payment Center, PO Box 949, Coldwater, MI 49036, or send via email to qbmail@isolvedhcm.com.

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: _____

Printed Name: _____ Relationship to employee: _____

Daytime Phone: _____ E-Mail Address: (optional) _____

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

