CaliforniaChoice®
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(800) 558-8003 • www.calchoice.com

American Rescue Plan Act 2021 COBRA Subsidy

Notice of Assistance Eligible Individuals

Submit this form to CaliforniaChoice no later than June 14, 2021 via email to: COBRA-ARPA@calchoice.com or fax to (714) 908-3549

- Complete the table below listing all Assistance Eligible Individuals who have **opted-in** for the COBRA subsidy.
- Assistance Eligible Individuals are defined as all COBRA/Cal-COBRA qualified participants (and their families) who have been involuntarily terminated by their employer (other than by reason of such employee's gross misconduct) or have had the employee's hours reduced to a level below health benefit eligibility, between November 1, 2019 and August 31, 2021, and who have elected COBRA continuation coverage (including those who elect during the 2nd Special COBRA Election period). Individuals who have voluntarily terminated their own employment are not considered AEIs.
- Individuals who have been involuntarily terminated by their employer (other than by reason of such employee's gross misconduct) or have had the employee's hours reduced to a level below health benefit eligibility, between November 1, 2019 and August 31, 2021, but do not have COBRA continuation coverage in effect as of April 1, 2021, but who would be an Assistance Eligible Individual if such election were so in effect, or who elected COBRA continuation coverage and discontinued from such coverage before April 1, 2021, must be notified by May 31, 2021, of their right to elect COBRA continuation coverage. This special election is an extension of the original election period but does not extend the original COBRA eligibility period.
- A completed Employee Termination Notification form is required for any employees that have terminated employment but continue to appear active on your group's invoice.

Group Name | **Group #**

COBRA (Federal) AEIs

Employee Name	Last 4 Digits of SSN	Last Day of Coverage (MM/DD/YYYY)
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My signature below indicates I have verified the member(s) listed are AEIs that have opted-in for the COBRA subsidy. As an authorized group contact, I understand COBRA premiums will be added to the group's invoice, and the group will be responsible for the member's COBRA premiums for up to 6 months from April 1, 2021 to the end of their COBRA eligibility period or they become eligible for other group health coverage or Medicare.

Authorized Group Contact Signature	Print Name	Date (MM/DD/YYYY)
→		

Additional entries, if needed, can be entered on next page.

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