\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023

[COBRA Qualified Beneficiary; “Family of” if more than one family member]

[Address]

[Address]

Re: Deadline Extensions under COBRA Election Forms

Dear [COBRA Qualified Beneficiary; add “Family of” if more than one family member]:

The following information describes temporary modifications to certain participant timeframes within the attached COBRA Election Forms provided for your continuation of dental benefits coverage under the NY44 Health Benefits Plan (the “Plan”) as a result of the continuing COVID-19 National Emergency.

Effective from March 1, 2020, until sixty (60) days after the announced end of the COVID-19 National Emergency (referred to as the “Outbreak Period”), or such later date that may be announced by the IRS and DOL, the Plan will disregard the Outbreak Period in determining whether you have met the COBRA deadlines listed below.  This means that if the COVID-19 National Emergency ends on August 31, 2020, the Outbreak Period will end 60 days later on October 30, 2020, and you will then have until the end of the applicable deadline periods described below in order to enroll in COBRA Continuation coverage, notify the Plan of a second COBRA qualifying event, request a COBRA disability extension, or pay required COBRA premiums:

* 1. The 60-day period to elect COBRA continuation coverage.
  2. The initial 45-day COBRA premium payment deadline.
  3. The 30-day deadlines for making COBRA premium payments.
  4. The 60-day deadline for individuals to notify the Plan of a second COBRA qualifying event and the deadline (prior to the end of the initial 18-month COBRA Continuation Coverage period) for individuals to notify the Plan that they became disabled during the initial 60 days of COBRA Continuation coverage (or before enrolling in COBRA) and are therefore entitled to an 11-month extension of the COBRA Continuation Coverage period.

Please keep this information with your COBRA Election Forms for reference.

If you have any questions concerning the information summarized above, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

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