

This form contains important information about your right to continue your health care coverage in the AFTRA Health Plan.

Please read the information contained in this form very carefully.

To elect continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA), follow the instructions on the next page to complete the enclosed Election Form and submit it to AFTRA H&R within the later of 60 days from the date coverage ends or, if later, 60 days from the date of AFTRA H&R's notice. If we do not receive your Election Form on time, coverage under the Plan will end on the date the person no longer qualifies for active coverage. Failure to submit the Election Form within the later of 60 days from the date coverage ends or if later, 60 days from the date of AFTRA H&R's notice of COBRA rights, will result in a loss of rights under COBRA.

Each person ("qualified beneficiary") in the categories) listed below is entitled to elect COBRA continuation coverage, which will continue group health care coverage under the Plan until the maximum period as described on Page 3 (see "How long will continuation coverage last?").

- Participant
- Spouse covered under the Plan on the day before the event that caused the loss of coverage
- Dependent children covered under the Plan on the day before coverage ends
- Child who is losing coverage under the Plan because he or she is longer a dependent under the Plan

If elected, COBRA continuation coverage will begin on the first day following loss of coverage and can last until the maximum period as described on page 3 (see "How long will continuation coverage last?").

COBRA continuation coverage will cost:

- | | |
|--------------------------------------------------|----------------------|
| • Participant only | \$ 669.00 per month |
| • Participant with one dependent | \$1,371.00 per month |
| • Participant with two or more dependents | \$2,006.00 per month |
| • Child or spouse who has lost dependent status: | \$ 702.00 per month |

You do not have to send any payment with the Election Form. Once we receive your Election Form, we will mail you an invoice for the amount due. Please note, however, that invoices are provided to you as a courtesy only. You must submit your monthly premiums on time, as outlined below, regardless of whether you receive invoices from AFTRA H&R.

Important additional information about payment for COBRA continuation coverage is included in the AFTRA Health Plan Summary Plan Description (SPD) and in the pages following the Election Form.

If you have any questions about your rights to COBRA continuation coverage, or if for any reason you do not receive an invoice for COBRA premiums within 30 days of mailing this form, please contact Participant Services at (800) 562-4690 or the AFTRA H&R New York office located at 261 Madison Avenue, 7th Floor, NY, NY 10016.

**COBRA CONTINUATION COVERAGE
 UNDER THE AFTRA HEALTH PLAN**

ELECTION INSTRUCTIONS

To elect COBRA continuation coverage, complete this Election Form and return it to AFTRA H&R. Under federal law, you must have 60 days after the date coverage ends or, if later, 60 days from the date of AFTRA H&R's notice of COBRA rights, to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to:

AFTRA H&R
 261 Madison Avenue, 7th Floor
 New York, NY 10016
 Attention: Eligibility Department - COBRA

This Election Form must be completed and returned by mail, and it must be postmarked no later than 60 days from the date coverage ends, or 60 days from the date of AFTRA H&R's notice of COBRA rights.

If you do not submit a completed Election Form by the due date, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you furnish the completed Election Form.

ELECTION INFORMATION

I (we) elect COBRA continuation coverage in the AFTRA Health Plan as indicated below:

Participant's Name _____ **Social Security No.** _____

Mailing Address _____

Telephone Number _____ **E-mail Address** _____

Check here if the participant is electing coverage. List the dependents you wish to enroll below.

Last Name/First Name/MI	Gender (M/F)	Date of Birth MM/DD/YYYY	Social Security No.	Relationship*

**Relationship means marital/partnership, parental or guardianship status, i.e., legal spouse (opposite or same-sex), same-sex domestic partner, biological child, stepchild, adopted child or foster child.*

Signature _____ Date _____

Important Information About Your COBRA Continuation Coverage Rights

What is continuation coverage?

Federal law requires that most group health plans, including the AFTRA Health Plan, give participants and their dependents the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under the Plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the participant enrolled in the Plan, the enrolled participant’s spouse and the dependent children of the enrolled participant.

Continuation coverage is the same health benefits coverage that the Plan gives to other participants or dependents under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or dependents covered under the Plan, including special enrollment rights.

How long will continuation coverage last?

In the case of a loss of coverage due a reduction in covered earnings, or the end of employment, coverage generally may be continued only for up to a total of 18 months. In the case of losses of coverage due to a participant’s death or divorce, the participant’s becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the AFTRA Health Plan, coverage may be continued for up to a total of 36 months.

When the qualifying event is the loss of coverage due to a reduction in earnings or the end of employment and the participant became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the participant lasts until 36 months after the date of Medicare entitlement.

Continuation coverage will be terminated before the end of the maximum period if:

- Any required premium is not paid in full on time; or
- A qualified beneficiary becomes covered, after electing continuation coverage, under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary; or
- A qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage; or
- The Plan is terminated by the Trustees and group health coverage is no longer provided.

You must provide written notice to AFTRA H&R at the New York office of a disability or a second qualifying event in order to extend the period of continuation coverage.

How can you extend the length of COBRA continuation coverage?

If your loss of coverage was due a reduction in earnings, an extension of the 18-month maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify AFTRA H&R of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration (SSA) to be disabled. The disability has to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. If you think you may qualify, you must submit a written request for a disability extension to AFTRA H&R before your COBRA coverage ends. For information about how to apply for this extension, call Participant Services at (800) 562-4690.

Each qualified beneficiary who elects continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify AFTRA H&R of that fact within 30 days after SSA’s determination.

Second qualifying event

An 18-month extension of coverage is available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered participant, divorce from the covered participant, the covered participant's becoming entitled to Medicare benefits (under Part A, Part B or both), or a dependent child's ceasing to qualify for coverage as a dependent under the AFTRA Health Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. You must notify AFTRA H&R within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

How can you elect COBRA continuation coverage?

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the participant's spouse may elect continuation coverage even if the participant does not. Continuation coverage may be elected for only one, for several or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The participant or the participant's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your AFTRA Health Plan coverage will affect your future rights under federal law. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you prevent such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your coverage under the Plan ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does COBRA continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) of the cost to the AFTRA Health Plan (including both employer and participant contributions) for coverage of a similarly situated Plan participant or dependent who is not receiving continuation coverage. The required payment for each continuation coverage period for each option is described in this notice.

When and how must payment for COBRA continuation coverage be made?

First payment for continuation coverage

If you elect continuation coverage, you do not have to send any payment with the Election Form. AFTRA H&R will mail an invoice after receiving the Election Form. However whether or not you receive an invoice, you must make your first payment for continuation coverage no later than 45 days after the date of your election. (This is the date the Election Form is postmarked, if mailed.) If you do not make your first payment for continuation coverage in full no later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan. You are responsible for making sure that the amount of your first payment is correct. You may contact Participant Services at (800) 562-4690 to confirm the correct amount of your first payment.

COBRA CONTINUATION COVERAGE UNDER THE AFTRA HEALTH PLAN

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to make periodic payments for each subsequent month of coverage. The monthly amount due for individual or family COBRA coverage is shown on the first page of this form. Under the AFTRA Health Plan, each of these monthly payments for continuation coverage is due when indicated on your monthly invoice, but no later than the first day of the month for that month's coverage. You may instead make payments for continuation coverage in advance up to the end of the 18-month continuation period. If you make a periodic payment by the invoice due date, or no later than the first day of the month to which it applies, your coverage under the Plan will continue for that month without any break. If the required premium is not received by the invoice due date or the first day of the month, COBRA coverage will not be continued. AFTRA H&R will send invoices for premiums due for each coverage period.

Late payment periods for periodic payments

Although periodic payments are due when indicated on the monthly invoice, you will be given a late payment period of 30 days after the invoice due date to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that month is made before the end of the late payment period. If you pay a periodic payment later than the first day of the month to which it applies, but before the end of the late payment period for the month, your coverage under the Plan will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you fail to make a periodic payment before the end of the late payment period for that month, then you will lose all rights to continuation coverage under the Plan.

Your first payment and all subsequent payments for continuation coverage should be sent to: AFTRA Health Plan, P.O. Box 5034, New York, NY 10087-5034.

For more information

This form does not fully describe continuation coverage or other rights under the AFTRA Health Plan. More information about continuation coverage and your rights under the Plan is available in the SPD, which is available through AFTRA H&R's website, www.aftrahr.com ("Health Fund" | "Health Plan SPD"), or by calling Participant Services at (800) 562-4690. If you have any questions concerning the information in this form, your rights to continuation coverage or your AFTRA Health Fund benefits, call Participant Services at (800) 562-4690.

For more information about your rights under Employee Retirement Income Security Act of 1974 (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available at EBSA's website.)

Keep AFTRA H&R informed of address changes

In order to protect your and your family's rights, you should keep AFTRA H&R informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to AFTRA H&R.