

Date: Wednesday, June 3, 2026

4AA8CC9A-CC1D-4ADA-B704-0EF9D656DBF5	CN181092
To: JOHN_SAMPLE SMITH_SAMPLE and Spouse/Dependents (if any) SAMPLE ADDRESS1 SAMPLE ADDRESS2 SAMPLE CITY AL 11111 USA	From: ABC COMPANY 109 ABC STREET LOS ANGELES, CA 94952

Group Health Plan
ABC COMPANY

Important Information: COBRA Continuation Coverage and other Health Coverage Alternatives

This notice has important information about your rights related to continued health care coverage under the Group Health Plan, listed above, (the "Plan"), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace® at www.HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325). You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.

Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice or you may elect coverage electronically through the isolated Benefit Services website. Important information about how to make an election is provided later in this notice. If you have any questions regarding this notice, please visit [www.https://www.isolvedbenefitservices.com/resources/cobra-resource-center](https://www.isolvedbenefitservices.com/resources/cobra-resource-center) and review our many helpful resources or call isolated Benefit Services at 800-594-6957 or via email to QBmail@isolvedhcm.com.

Why am I getting this notice? You are getting this notice because your coverage under the Plan will end on the date described in the "Continuation Coverages and Premiums" table below (see Loss of Coverage) due to the COBRA qualifying event described in the "Continuation Coverages and Premiums" table below (see Event).

Federal law requires that most group health plans (including this Plan) give employees and their covered family members the opportunity to continue their health care coverage through COBRA continuation coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan.

Continuation Coverages and Premiums									
Plan Coverage Option	Event	Event Date	Loss of Coverage	COBRA Begins	Must Elect By	Coverage Expires	Coverage Plan Year	Monthly Premium	Day Due
Plan Sample Coverage Sample Option Sample	Employee's Reduction of Hours	6/3/2026	00/00/00	00/00/00	8/3/2026	00/00/00	01/01/2026-12/31/2026	\$0.00	1st

In the Offered Coverage table, listed above, there may be some abbreviations used. If you do not understand any of the abbreviations, please reach out to isolated Benefits Services for assistance.

Subsidy: Your former employer has provided the below information to involved Benefit Services regarding an agreement for payment by them for your COBRA coverage(s). Involved Benefit Services will apply these at the time of invoicing. You will be responsible for any differences in the monthly premium (listed above) minus the applied credits agreed upon in the grid below.

Plan Coverage Option	Start Date	End Date	Percent or Fixed Amount
Plan Sample Coverage Sample Option Sample			\$0.00

What is COBRA continuation coverage? COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting COBRA continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

Who are the qualified beneficiaries? Each person ("qualified beneficiary") in the category(ies) listed below can independently elect COBRA continuation coverage:

- Employee or former employee
- Spouse or former spouse
- Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage (a parent or legal guardian can elect on behalf of a dependent.)
- Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan.

Each qualified beneficiary has a separate, independent right to elect continuation coverage under COBRA. This means all qualified beneficiaries, including a spouse and/or a dependent child, may elect single coverage even if the employee does not enroll in COBRA continuation coverage. The covered employee or spouse may elect on behalf of all other qualified beneficiaries; a parent or legal guardian (regardless of whether they are a qualified beneficiary) may elect on behalf of dependent minor children.

We received information on the following qualified beneficiaries with your record:

Participant	Relationship Code
John_Sample Smith_Sample	Employee

If you wish to elect and believe qualified beneficiaries are missing, you will be able to add them during your COBRA election.

Are there other coverage options besides COBRA continuation coverage? Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Medicare, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option until the next available open enrollment period.

If I elect COBRA continuation coverage, when will the coverage begin and how long will the coverage last? You may elect any of the options listed in the "Continuation Coverages and Premiums" table above for COBRA continuation coverage. If elected, COBRA continuation coverage will begin and end

on the dates shown in the "Continuation Coverages and Premiums" table above. Continuation coverage may end before the date noted above in certain circumstances, like failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

If you elect COBRA continuation coverage, your coverage will be held in a pending state until ABC COMPANY has verified your eligibility. This notice is not the same as coverage under the group health plan. If eligible, coverage will be provided through the group health plan of ABC COMPANY. Isolved Benefit Services, as the COBRA Administrator, does not provide group health plan coverage and is not an insurance company.

Can I extend the length of COBRA continuation coverage? If you elect COBRA continuation coverage, you may be able to extend the length of COBRA continuation coverage if a qualified beneficiary is disabled or if a second qualifying event occurs. You must notify Isolved Benefit Services of a disability or a second qualifying event within a certain time period to extend the period of COBRA continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of continuation coverage.

For more information about extending the length of COBRA continuation coverage, visit dol.gov or contact Isolved Benefit Services at 800-594-6957 or via email at QBmail@isolvedhcm.com.

How to elect COBRA continuation coverage: Isolved Benefit Services, Inc. administers COBRA continuation coverage on behalf of ABC COMPANY. Isolved Benefit Services is not an insurance company or the provider of benefits. You may elect COBRA continuation coverage online through our website at www.isolvedbenefitservices.com or by mailing the completed COBRA Continuation Coverage Election Form, which is included with this notice, under the "Continuation of Coverage Election Form" section, to **Isolved Benefit Services, Attention: Payment Center, PO Box 737937, Dallas, TX 75373-7937**. Elections will not be accepted if they are not made either through our website or in writing using the completed COBRA Continuation Coverage Election Form. Isolved Benefit Services does not accept elections by phone. More detailed instructions regarding the election process and our website are provided later in this notice.

Deadline for COBRA Election: You must elect COBRA continuation coverage no later than the **"Must Elect By" date** (shown in the "Continuation Coverages and Premiums" table above), which is the later of 60 days from the "Loss of Coverage" date or the date of this notice. If you fail to timely elect, you will lose your right to continue coverage. Proof of timely election is your responsibility. A COBRA election is deemed made on the date it is postmarked or the timestamp if done electronically. (If elected electronically through our website, it must be submitted before 11:59 p.m. ET on your last date to elect.) During your election period, you will be removed from the group health plan. **Once your timely election and payment has been processed, your coverage will be reinstated back to your "Loss of Coverage" date. If you do not elect, any expenses you incur will become your financial responsibility. You are not required to make a payment with your COBRA election, but coverage will not be reinstated until a timely payment is made.** The timeframe for reinstatement of coverage often depends upon the insurance company. Isolved Benefit Services does not have direct access to reinstate your coverage. To confirm your coverage status, please call the insurance company directly, however if you are having difficulties with reinstatement, Isolved Benefit Services can assist.

If you waive COBRA continuation coverage in writing, you have until the "Must Elect By" date to revoke your waiver and elect continuation coverage (any claims you incur during the waiver period may not be covered). However, formal waiver of your COBRA rights is not required. If you do not want to elect COBRA continuation coverage, you can simply choose to not submit an election form.

Certain timeframes listed in this notice may be extended if a qualified beneficiary is incapacitated and does not have a person who is legally appointed to act on his or her behalf. Call Isolved Benefit Services at 800-594-6957 for more information.

How much does COBRA Continuation Coverage cost? COBRA continuation coverage will cost the amount shown in the "Continuation Coverages and Premiums" table above. If two or more family members elect the same coverage, you must pay the applicable premium for the closest level of coverage that a similarly situated active employee would have, such as "two-person" or "family". If the monthly premium for single coverage is not shown in the "Continuation Coverages and Premiums" table above, or if you wish to elect a level of coverage not shown in the "Continuation Coverages and Premiums" table, please call Isolved Benefit Services at 800-594-6957 for more information.

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Important information about paying your premium can be found at the end of this notice.

Under applicable federal COBRA law and regulations, qualified beneficiaries are entitled to grace periods for the payment of COBRA premiums. Based on some state laws relating to health insurance, however, your coverage may be canceled for any period of non-payment and retroactively reinstated if/when timely payment for such coverage period is sent.

If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Additional information about payment, if necessary, will be provided to you after the Election Form is received by the Plan. Additional information about payment will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice.

You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. You can learn more about the Marketplace below.

What is the Health Insurance Marketplace®? The Health Insurance Marketplace® offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage? You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away. In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Alternatively, once you've exhausted your COBRA continuation coverage and the coverage expires, you may be eligible for a special enrollment period to enroll in Marketplace coverage, if you are Marketplace-eligible, even if Marketplace open enrollment has ended and no other qualifying events apply. For more information on COBRA continuation coverage and the Marketplace, see www.HealthCare.gov/unemployed/cobra-coverage/.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage once your COBRA election period ends.

Can I enroll in another group health plan? You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another

group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends? In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period to sign up, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B lifetime late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA continuation coverage may not be discontinued based on Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA continuation coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (as the primary payer) and COBRA continuation coverage will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>. These rules are different for people with End Stage Renal Disease (ESRD). For more information, visit www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

What factors should I consider when choosing coverage options? When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication - and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA continuation coverage premium payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service areas:** Some plans limit their benefits to specific service or coverage areas - so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other cost-sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

For More Information:

This notice doesn't fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator. If you have questions about the information in this notice or your rights to coverage, please contact Isolved Benefit Services at (800) 594-6957 or via email at

QBmail@isolvedhcm.com.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at <http://www.dol.gov/ebsa>, contact them electronically at askebsa.dol.gov, or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes:

To protect your and your family's rights, keep the Plan Administrator and isolved Benefit Services informed of any changes to your address and the addresses of family members. You should also keep a copy of any notices you send to isolved Benefit Services or the Plan Administrator. To contact isolved Benefit Services call (800) 594-6957 or via email at QBmail@isolvedhcm.com.

Important Information about Payment

Once you elect COBRA or state continuation coverage, it must be **paid for from the "Loss of Coverage" date forward in consecutive monthly payments**. Gaps in continuation coverage are not permitted.

First payment for continuation coverage: You must make your first payment for continuation coverage (including coverage retroactive to the loss of coverage) in full no later than 45 days after the date of your election (this is the date the Election Notice is postmarked if mailed or timestamped if completed online). If you don't make your first payment in full no later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan. The monthly premium for COBRA or state continuation coverage is shown in the "Continuation Coverages and Premiums" table in this notice. If your first and last month's premiums are partial months, they will be prorated. After you elect continuation coverage, an invoice will be mailed to you which explains the amount of your first payment for continuation coverage, including any prorated premium if COBRA or state continuation coverage begins mid-month. If you do not receive this invoice within two weeks of electing coverage, you should call the isolved Benefit Services Customer Service at 800-594-6957. Alternatively, you may call isolved Benefit Services Customer Service now to confirm the amount of your first payment, including the prorated premium (if any). You are responsible for making sure that the amount of your first payment is correct and paid on a timely basis even if you do not receive an invoice.

Periodic payments for continuation coverage: After you make your first payment for COBRA or state continuation coverage, you'll have to make periodic payments for each coverage period that follows. The amount due for each month is shown in the "Continuation Coverages and Premiums" table in this notice. Under the Plan, each of these periodic payments for continuation coverage is due each month, in full, on the Day Due shown in the "Continuation Coverages and Premiums" table in this notice for the coverage period that begins on that date. Each monthly coverage period has a grace period of at least 30 days. If your last month of coverage is for only part of a month, the monthly premium will be prorated.

If you don't make a monthly payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage under the Plan.

Grace periods for periodic payments: Although periodic payments are due on the dates shown above, you'll be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. The due date is listed in the above "Continuation Coverages and Premiums" table. You'll get COBRA or state continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period.

If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. If you pay a monthly payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage will be suspended as of the first day of the coverage period and then retroactively reinstated when the 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 make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan will not send

periodic notices of payments due for these coverage periods. If you don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to COBRA or state continuation coverage under the Plan.

Paying for continuation coverage: You may pay for coverage by check or money order or electronically using isolved Benefit Services website. A payment is deemed made on the date it is postmarked or the timestamp if submitted online at isolved Benefit Services website. Online payments must be submitted **before 11:59 p.m. ET on the last date to pay. Payments made after any grace period ends are considered late and will not be accepted.** ABC COMPANY and isolved Benefit Services are not required to make exceptions based upon individual circumstances, and if you make a late payment, coverage will be terminated permanently, with no possibility of reinstatement. Invoices may be sent but are not required, and you must postmark your payments by the monthly grace date even if you do not get an invoice. Returned checks (for instance, closed accounts, non-sufficient funds, or stop payments) are the same as no payment at all. Proof of timely payment is your responsibility (the United States Postal Service offers several proof of mailing services).

If paying by check or money order, payments must be made payable and sent to: isolved Benefit Services, Attention: Payment Center, PO Box 737937, Dallas, TX 75373-7937.

isolved Benefit Services will cash your check(s) for the purpose of forwarding payment to either the employer or its designee, but ABC COMPANY remains responsible for the payment status of the group health plan(s).

Physical checks from Online Bill Payment Services can be accepted. Always include your invoice number or account number to ensure your payment is applied properly. To the extent that you make a premium payment through a payment center (e.g., through an Online Banking service, Bill Payment service, or any other online mailing services such as stamps.com), please understand that these payments usually have no discernible postmark date. Payment centers often compile payments to the same recipient, and therefore your payment is likely to be received in a group of payments. Payment centers cannot provide isolved Benefit Services with the date you initiated the payment.

There is a \$1.50 convenience fee for online payments made through our website via checking or savings. Payments made with PayPal, Venmo, Apple Pay, Credit or Debit card, there is a \$15.75 convenience fee for online payments. Online payments will be posted immediately to your record. Payments made through the mail will need to allow for adequate time for mail and processing time. Payments made online may be reversed if the transaction does not clear your bank.

Additional Website, Election, Event Reporting and Payment Instructions.

Copies of important documents relating to your COBRA rights, such as this notice, are available on our secure website, www.isolvedbenefitservices.com.

Online Login. Click on "Login" in the upper right-hand corner, then under "Direct Bill/COBRA", select "Employee Login". First time users will log in under New User and will log in using lower case first initial, last name and last four digits of your Social Security Number as both the Username and Password (e.g. Your name is John Doe, last four digits of your Social Security Number are 1234. You would enter jdoe1234 as both your Username and Password, the first time). The email field is the email in which you would receive confirmation and use going forward for future login.

New user access requires you to create a New User Registration, including providing an email address (for future login), a password and security questions. You are required to complete the registration by confirming your email address and account verification step. After completing these steps, you will log in using your email and new password. You will be required to have a verification code sent to either an authenticator app, email or SMS (Text messaging). Please note that Safari is not a compatible browser.

Save this notice for future reference.

Upon request, family members for this event can be assigned their own secure usernames and passwords (such as in a marital separation). Please call isolved Benefit Services Customer Service at (800)-594-6957 to make such a request.

Electing COBRA Continuation Coverage

Electronic Election: To elect COBRA continuation coverage electronically instead of by mail, you must complete the following steps:

- Log on with the temporary username and password provided above. You will be asked to set up a new username (your email) and a password, along with security questions when you access the Online Portal for the first time. You will be required to set up your Two-Factor Authentication.
- Once you have those steps completed, click **Elect Online** on the left menu and it will display all the plans offered in this notice. To process your election online, click on **Add COBRA Participant** (found at the top of the page) to add any additional family members for the plan, choose the plan(s), choose the option level and participants for each plan.
- In order for your online Continuation Coverage Election to be valid, you must click Save and Submit at the end of the process and receive a confirmation number. (Note: Payments and/or elections cannot be made using a cell phone, iPad or tablet. Additionally, Safari is not a compatible browser.) You may make a payment within one to two business days after you elect online.

Paper Election: You may elect COBRA continuation coverage by completing and returning the enclosed COBRA Continuation Coverage Election Form to: isolved Benefit Services, Attention: Payment Center, PO Box 737937, Dallas, TX 75373-7937. Please allow up to five to 10 business days for mail and processing time if you mail your election form to isolved Benefit Services.

CONTINUATION COVERAGE ELECTION FORM

Instructions: To elect COBRA continuation coverage, complete your election online at www.isolvedbenefitservices.com, additional instructions are listed above under Electronic Elections. You can also submit your Election Form and return it to the address below. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan. You can elect online (see instructions for *Electronic Election*) or send completed Election Form to: isolved Benefit Services, Attention: Payment Center, PO Box 737937, Dallas, TX 75373-7937.

Coverage must be elected no later than the "Must Elect By" date, which is the later of 60 days from the "Loss of Coverage" date or the date of this notice. The "Must Elect By" date and the "Loss of Coverage" date are shown in the table above. A COBRA election is deemed made on the date it is postmarked or the timestamp if done electronically. (If elected electronically through our website, it must be submitted before 11:59 p.m. ET on your last date to elect).

If you don't submit a completed Election Form by the due date shown above, you'll 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 submit 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 submit the completed Election Form.

Read the important information about your rights included with this Election Form.

Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan, unless you are entitled to additional time under a federal policy or program. For example, you may be entitled to more time because of a national emergency.

Important Note: Each qualified beneficiary has an independent right to elect coverage. This means all qualified beneficiaries, including a spouse and/or a dependent child, may elect single coverage. However, if two or more family members elect the same coverage, you will be required to pay the applicable premium for the closest level of coverage that a similarly situated active employee would have, such as "two-person" or "family". If the monthly premium for single coverage is not shown below, please call isolved Benefit Services at 800-594-6957 for the premium information.

First payment for COBRA continuation coverage: You must make your first payment for COBRA continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked). If you don't make your first payment in full no later than 45 days after the date of your election, you'll lose all COBRA continuation coverage rights under the Plan. You're responsible for making sure that the amount of your first payment is correct. You may contact isolved Benefit Services or check online to confirm the correct amount of your first payment.

Please keep a copy of all pages of this form for your records.

isolved Benefit Services, Inc. is not the insurance company for COBRA or State continuation coverage. If after electing and paying for continuation coverage you have questions or concerns regarding your coverage or any denied claims, please call the number on your insurance card to review your status with the carrier.

Online Login.

1. Click on "Login" in the upper right-hand corner, then under "COBRA Login", click on "Employees".
2. First time users will login using lower case first initial, last name and last four digits of your Social Security Number as both Username and Password (e.g. Your name is John Doe, last four digits of your Social Security Number are 1234. You would enter jdoe1234 as both your Username and Password, the first time.).
3. Set up your Two-Factor Authentication. You will need to select an option to receive a verification code - email, text message (SMS) or Google Authenticator (mobile app).
4. Once you login the first time to our online portal, you will be asked to create a new profile, including providing an email address (for future login) and a new password.

CONTINUATION COVERAGE ELECTION FORM

Date: Wednesday, June 3, 2026

Reference Number: CN181092

ÅE27ab9c79-6bc0-48db-9ad2-21a40fb1a52e;ÅŽ

To: JOHN_SAMPLE SMITH_SAMPLE
 and Spouse/Dependents (if any)
 SAMPLE ADDRESS1
 SAMPLE ADDRESS2
 SAMPLE CITY AL 11111 USA

From: ABC COMPANY
 109 ABC STREET
 LOS ANGELES, CA 94952

List eligible person(s) to be covered, including employee name, if electing. Please provide dates of birth, gender and social security numbers to avoid delays in coverage reinstatements:

First & Last Name	Social Security Number	Date of Birth	Gender (M or F)	Relationship to Employee (Emp, Sps, Dep)	List coverages you are electing from the table of available coverages.

Please call isolved Benefit Services at (800) 594 6957 for the cost of other levels of coverage not listed in the Continuation Coverages and Premiums table.

I/we understand that COBRA or State continuation coverage may be retroactively terminated if any facts on this election form or the original plan enrollment form are misrepresented. I/we apply for COBRA or State continuation coverage for myself and/or the individuals listed above. The initial payment is due in full within 45 days of the election date. Payment is not required now; however, coverage will not be reinstated until after payment is received. The timeframe for reinstatement of coverage often depends upon the insurance company. Checks should be made payable and mailed to: **isolved Benefit Services, Attention: Payment Center, PO Box 737937, Dallas, TX 75373-7937**. Additional information about payment is provided elsewhere in this notice.

Signature: _____ Date: _____

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

isolved Benefit Services has my permission to speak to the following individuals about any and all aspects of my continuation coverage:

If the address above is incorrect, please make the appropriate change. You should also notify ABC COMPANY and the insurance company of any changes.

CARRIER NOTE: This form is an individual written request for you to provide the same coverage to qualified beneficiaries that you provide to active employees (TAMRA 1988).