

PLUMBING AND PIPEFITTING INDUSTRY OF KANSAS BENEFIT FUNDS

COBRA CONTINUATION COVERAGE ELECTION FORM

Name of Union Member

I.D.#

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you generally have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan. However, as described below in the section titled "COBRA Coverage During the COVID-19 National Emergency," this timeline has been extended.

Send completed Election Form to:

**Plumbing and Pipefitting Industry of Kansas Benefit Funds
505 S. Broadway, Ste. 117
Wichita, KS 67202-3922**

This Election Form must be completed and returned by mail. It must be post-marked no later than _____ (or such later date as described below in the section titled "COBRA Coverage During the COVID-19 National Emergency").

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 in the pages after the Election Form.

Employee: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Social Security Number: _____

I (We) elect COBRA continuation coverage in the Plumbing and Pipefitting Industry Health and Welfare Fund of Kansas (the "Plan") for (check one of the following):

SINGLE COVERAGE

FAMILY COVERAGE

Employee - Name: _____ SSN: _____ Date of Birth: _____

Spouse - Name: _____ SSN: _____ Date of Birth: _____

Child - Name: _____ SSN: _____ Date of Birth: _____

Child - Name: _____ SSN: _____ Date of Birth: _____

Child - Name: _____ SSN: _____ Date of Birth: _____

Child - Name: _____ SSN: _____ Date of Birth: _____

Child - Name: _____ SSN: _____ Date of Birth: _____

Child - Name: _____ SSN: _____ Date of Birth: _____

Note: If continued coverage is requested for more than six dependent children, please ask for and complete an additional Election Form.

I understand that the appropriate monthly payments must be mailed to the Fund Office, by the first day of each month for which coverage is to be provided.

Signature of Applicant: _____ Date: _____

Important Information About Payment

First payment for continuation coverage

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 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 continuation coverage rights under the Plan. You're responsible for making sure that the amount of your first payment is correct. You may contact the Plan Administrator to confirm the correct amount of your first payment.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you'll have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is due on the first day of the month for that coverage 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. The Plan will not send periodic notices of payments due for these coverage periods.

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. You'll get 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 pay a periodic 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 (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 don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be sent to:

Plumbing and Pipefitting Industry Health and Welfare Fund of Kansas
505 S. Broadway, Ste. 117
Wichita, KS 67202-3922