Inspira Financial Health, Inc. for
Chicago Public Schools (CPS)
BENEFIT BILLING DEPARTMENT
PO BOX 953374
ST. LOUIS, MO 63195-3374
800-359-3921(TTY:711)

May 28, 2024

SAMPLE PERSON, and Family, if applicable

123 SAMPLE STREET
Chicago, IL 60624

Dear SAMPLE PERSON, and Family, if applicable,

This notice contains important information about your right to continue your health care coverage in the Chicago Public Schools (CPS) Group Health Plan (the Plan).

Below are some important things to keep in mind as you make your decision to enroll in COBRA Coverage:

- **IMPORTANT**: To elect COBRA Continuation Coverage you **MUST** complete the enclosed COBRA Continuation Enrollment Form and have it postmarked before 07/30/2024. If you do not submit a completed COBRA Continuation Enrollment Form by this date, you will lose your right to elect continuation coverage.
- You may also have the option to "Elect and Pay Online" by accessing our website at inspirafinancial.com. Refer to the Online Account Access instructions that are enclosed.
- Initial payment must accompany your election for benefit coverage to be reinstated. More details on payment amounts and timeframes are indicated on the enrollment form enclosed in this package.
- Your coverage will not be reinstated until we process your enrollment form and receive proper payment. It takes on average 3-4 business days for processing and another 7-10 days to have coverage reinstated with each carrier.
- Keep in mind that there may be other health coverage alternatives that may be available to you through the Health Insurance Marketplace at www.HealthCare.gov or by calling 800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.
- Please pay special attention to the details regarding Disability and/or Medicare as it relates to COBRA coverage which is located in this package.
- Inspira Financial cannot accept Wire Transfers. One-Time/Automatic payments can be accepted but only through a U.S. Bank Account.

Please read the information contained in this notice very carefully. This notice provides important information concerning your rights and what you have to do to continue your health care coverage under the Plan for you and your covered dependents, if any, as defined on the enclosed Family Member Enrollment Form. If you have any questions concerning the information in this notice or your rights to coverage, you should contact the COBRA Administrator at:
:

Inspira Financial Health, Inc.
BENEFIT BILLING DEPARTMENT
PO BOX 953374
ST. LOUIS, MO 63195-3374

If you do not elect to continue your health care coverage by completing the enclosed "COBRA Continuation Enrollment Form" and returning it to us, your coverage under the Plan will end due to Termination of Employment on the following Coverage Ending Dates:

Type	Coverage	First Date Without Coverage
MED	Blue Cross Blue HSA	06/01/2024
RX	Caremark Prescription Plan	06/01/2024
BVIS	EyeMed Basic Vision	06/01/2024
DEN	Delta Dental PPO	06/01/2024
VIS	EyeMed Enhanced Vision	06/01/2024

We have been advised each of the following qualified beneficiaries should be offered continuation under the Plan:
SAMPLE PERSON

Because of the above qualifying event that will end your coverage under the Plan, you are entitled to continue your health care coverage for up to 18 months from your qualifying event date of 05/25/2024. If you elect to continue your coverage under the Plan, your continuation coverage will begin on the Cobra Begin Date below and can last until the Cobra End Date below:

Type	Coverage	COBRA Begin Date	COBRA End Date
MED	Blue Cross Blue HSA	06/01/2024	11/30/2025
RX	Caremark Prescription Plan	06/01/2024	11/30/2025
BVIS	EyeMed Basic Vision	06/01/2024	11/30/2025
DEN	Delta Dental PPO	06/01/2024	11/30/2025
VIS	EyeMed Enhanced Vision	06/01/2024	11/30/2025

Important Information you need to know

Federal law requires most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee covered under the group health plan, a covered employee's spouse, and dependent children of the covered employee. Continuation coverage is the same coverage the Plan gives to other participants or beneficiaries 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 beneficiaries covered under the Plan, including special enrollment rights. Specific information describing continuation coverage can be found in the Plan's summary plan description (SPD), which can be obtained from your employer at:

Chicago Public Schools (CPS)
TALENT OFFICE
42 W MADISON ST
CHICAGO, IL 60602

Also, since each covered dependent has an equal right to accept or decline the coverage being offered to them, and if not all members of your family who are eligible for the coverage wish to continue coverage, please indicate that as well on the Family Member Enrollment Form, if enclosed. Should some but not all of your dependents wish to continue coverage, you are welcome to call Inspira Financial to obtain information about specific premium amounts due.

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

What is the Health Insurance Marketplace?

The 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 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 qualifies as a "special enrollment" event. **After 60 days the 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.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

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

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 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. 2796
- 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.

If you have any questions about the coverage, its length or the premiums due, or your rights to COBRA continuation coverage, please call us at 800-359-3921 (TTY:711). Representatives are available from 7 a.m. to 7 p.m. CT.

Sincerely,

Inspira Financial Health, Inc.
800-359-3921(TTY:711)

IMPORTANT INFORMATION ABOUT YOUR COBRA CONTINUATION COVERAGE RIGHTS

What is continuation coverage?

Federal law requires most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee covered under the group health plan, a covered employee's spouse, and dependent children of the covered employee.

Continuation coverage is the same coverage the Plan gives to other participants or beneficiaries 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 beneficiaries covered under the Plan, including special enrollment rights. The persons listed on your qualifying event letter included in this packet have been identified by the Plan as qualified beneficiaries entitled to elect continuation coverage. Specific information describing continuation coverage can be found in the Plan's summary plan description (SPD), which can be obtained from your employer at the address listed on your COBRA Election Notice included in this packet.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of a loss of coverage due to an employee's death, divorce or legal separation, the employee's entitlement to Medicare or a dependent child ceasing to be a dependent under the terms of the Plan, coverage may be continued for up to 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the listed qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan, if a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage for a participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify Inspira Financial of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide timely 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. You must notify Inspira Financial of that fact within 60 days of the *later* of 1) the SSA's determination of disability (the date of the SSA award letter); 2) the date of your qualifying event; 3) the date of your loss of coverage; or 4) the date you were notified of the requirement (the date of your qualifying event letter). The notification must also be provided before the end of the first 18 months of continuation coverage. All the qualified beneficiaries indicated within this notice who have elected 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 Inspira Financial of that fact within 30 days of SSA's determination.

Second Qualifying Event

An 18-month extension of coverage will be 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 include the death of a covered employee, divorce or separation from the covered employee, the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the 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 Inspira Financial within 60 days after a second qualifying event occurs.

How can you elect continuation coverage?

Each qualified beneficiary indicated within this notice has an independent right to elect continuation coverage. For example, both the employee and the employee's spouse may elect continuation coverage, or only one of them. Parents may elect to continue coverage on behalf of their dependent children only. A qualified beneficiary must elect coverage by the date specified on the Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

In considering whether to elect continuation coverage, 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 group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment rights at the end of the continuation coverage if you get continuation coverage for the maximum time available to you.

Medicare Enrollment and COBRA

Under current law, working Americans with employer health coverage can postpone signing up for Medicare until after 65. When they retire, accept a buyout or are laid off, they will get an eight-month special enrollment period to sign up for Medicare Part B (which covers doctors visits and other outpatient services) immediately and without penalty. But many people in these circumstances are able to extend their employer coverage under COBRA.

However, waiting until your COBRA coverage expires to enroll in Part B *disqualifies* you from the eight-month grace period. Instead, you must wait to sign up during open enrollment, from Jan. 1 to March 31 each year, and your coverage won't begin until the following July. You will also get hit with a late penalty, an extra charge added permanently to your Part B premiums.

Under the law, people can postpone signing up for Part B without penalty only while they have group health insurance provided by an employer for whom they or their spouses are *still working*. Therefore, time on COBRA, used after employment has ended, does not entitle you to special enrollment.

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 group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary 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 continuation coverage be made?

First payment for continuation coverage

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the COBRA Continuation Enrollment Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is postmarked, if mailed.) If you do not make your first payment for continuation coverage within those 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of the continuation coverage from the time your coverage under the Plan would have otherwise terminated through the month you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact Inspira Financial to confirm the correct amount of your first payment.

Your first payment for continuation coverage should be sent to the COBRA Administrator listed on your COBRA Continuation Enrollment Form.

The carriers will be notified to retroactively reinstate coverage once Inspira Financial receives both the COBRA Continuation Enrollment Form and the premium payment. It may take the insurance carriers approximately 7-10 business days for coverage to be reinstated and for providers to verify benefits.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the first day of each month. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break.

You will not be sent monthly premium notices. Inspira Financial will provide payment coupons for the current plan year. These coupons are provided as a courtesy only. If you do not receive payment coupons, contact Inspira Financial immediately and a duplicate set will be sent to you. It is your responsibility to pay your premiums on or before the due date regardless of whether or not coupons have been received. The total amount due is clearly stated on the COBRA Continuation Enrollment Form.

Periodic payments for continuation coverage should be sent to the COBRA Administrator listed on your COBRA Continuation Enrollment Form.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if you pay a periodic payment later than its due date but during its grace period, your coverage under the Plan will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. 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 grace period for that payment, you will lose all rights to continuation coverage under the Plan.

If information is available about alternative coverage (coverage in lieu of continuation coverage, or individual conversion rights), it will appear here: NONE AVAILABLE

For more information

This notice does not 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 (SPD) or from the Plan Administrator. You can get a copy of your summary plan description from your former employer at the address listed on the qualifying event letter included in this packet.

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 www.dol.gov/ebsa 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

In order to protect your family's rights, you should keep the COBRA Administrator informed of any changes in the address of family members. You should also keep a copy, for your records, of any notices you sent to the COBRA Administrator.

For CPS Employees whose Group Term Life Insurance Benefits are ending, continuation plans may be available:

Your participation in the Life and Personal Accident Insurance plan ends on the last day of the month in which your employment terminates. To obtain information about the continuation of Life Insurance, you must obtain a form from our dedicated contact for The Standard, Thania Fitzgerald. Please send him an email asking for information (thania.fitzgerald@standard.com). He will create the required form and email it to you. Once you have this form, you may call The Standard's continued benefits team for information about your plan options and the cost of coverage. You must contact The Standard's continued benefits team within 45 days after your coverage under the CPS Active Employee plan ends.

Continuation of coverage is not available for Personal Accident Insurance.

ONLINE ACCOUNT ACCESS

To access your COBRA account online, go to inspirafinancial.com and click “Log in.” Then choose the log in option under “Manage your HSA, FSA or other benefits.

ENROLL IN COBRA ONLINE

If you’re a **first-time user**, click “Set up account” to get started. After you set up your account and enroll, you can make payments, view payment and billing activity, setup account notifications and more.

If you have been offered coverage for yourself and your dependent(s) and you are declining coverage for yourself but are electing the coverage for your dependent(s) only, you will not be able to enroll online. Please send your election form included in your packet back to Inspira Financial with your election options indicated.

If your last date to postmark your election falls on a Saturday or Sunday, your last day to enroll online will be on Thursday. If your last date to postmark your election falls on a holiday, your last day to enroll online will be two business days prior to the holiday. If mailing in your election form, you can postmark your election form by the last date to postmark. Please note your last date to postmark can be found on your election form.

PAYMENT OPTIONS

If your employer allows “One Time” and/or “Automatic” online payments, you can choose to make either your initial payment only OR make your initial payment AND continue to make payments through electronic fund transfer (EFT) from your checking or savings account.

After registering and enrolling, you will need to log out and login again to the website using the username and password you selected using the “Sign In” button at the top of the page on the right hand side.

To make your initial payment only, select the “Make a Payment” link and then select “One Time Payment”. Your payment will be electronically transferred from the account you designate.

If you wish to continue to make payments through electronic fund transfer (EFT) from your checking or savings account, select “Enroll in Automatic Payments”. You will receive a confirmation of your authorization to make monthly payments automatically. By enrolling in the automatic bank draft, you will no longer receive a statement or coupons in the mail. If you decide to enroll in “Automatic Payments” you can also make your initial payment at the same time. Account information can be accessed at any time online by going to inspirafinancial.com.

> **Please Note**: Inspira Financial cannot accept Wire Transfers. One-Time/Automatic Payments can be accepted but only through a U.S. Bank Account.

PAPERLESS NOTIFICATIONS

Start receiving alert notifications via email, web, or text message! Go to “Account Settings” on the top right-hand corner of the page. Then select “Account Notifications”. Customize your alerts by selecting the type of notifications you wish to receive. When you have entered your options, select “SAVE”. Your alert preferences can be adjusted at any time. To avoid Inspira Financial emails from going into the junk mail, please add eNotify@inpsirafinancial.com to your address book.

Important: If your employer allows alerts from Inspira Financial via text message AND if you wish to receive alerts from Inspira Financial via text message, please make sure you have an SMS/text messaging-enabled mobile phone. Message and data rates may apply (depending on your carrier).

A COBRA Quick Reference Guide can be found on the website under ‘Products and Programs’, ‘COBRA & Direct Billing’ to assist you with the COBRA enrollment process.

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COBRA Continuation Enrollment Form

Inspira Financial Health, Inc. for Chicago Public Schools (CPS)

SAMPLE PERSON
123 SAMPLE STREET
Chicago, IL 60624

Qualifying Event: Termination of Employment
Participant ID: 12345
Qualifying Event Date: 05/25/2024

Date of Birth: _____

Social Security Number: _____

Telephone Number: _____

If Electing by Mail:

- This Enrollment Form must be postmarked before 07/30/2024**.**
- Please be sure to include this completed form with your initial payment. DO NOT send your initial payment without this form to ensure accurate enrollment.
- The initial premium includes all payments due from your first day of COBRA through the current month. For example, if your first day of COBRA coverage is in the month of July and you are making your initial premium payment in August; your first payment should include the premiums due for the months of July and August.
- You are allowed to delay the premium payment for up to forty-five days after you have signed, dated, and submitted your COBRA Continuation Enrollment Form. Any claims submitted for expenses incurred following the date of the qualifying event may be held in suspense until all premiums which are due have been paid.
- The initial premium needs to include any premium in the pro-rated column as well as your first full monthly premium.
- Future premiums are due on the first of each month thereafter and should be mailed on or before the due date. Failure to pay premiums by specified premium due dates may terminate your participation in the Plan.
- **Make checks payable to Inspira Financial Health, Inc. and mail along with completed form to:**

Inspira Financial Health, Inc.for
Chicago Public Schools (CPS)
BENEFIT BILLING DEPARTMENT
PO BOX 953374
ST. LOUIS, MO 63195-3374
800-359-3921(TTY:711)

- Enclosed is my check for $_____. I understand that future premiums are due the first of each month. I also understand that failure to pay the required premiums will result in termination of coverage.

If Electing Online:

- If electing online via: inspirafinancial.com please refer to the "online account access document" included in this package.
- The initial premium includes all payments due from your first day of COBRA through the current month. For example, if your first day of COBRA coverage is in the month of July and you are making your initial premium payment in August; your first payment should include the premiums due for the months of July and August.
- You are allowed to delay the premium payment for up to forty-five days after your online COBRA Election has been made. Any claims submitted for expenses incurred following the date of the qualifying event may be held in suspense until all premiums which are due have been paid.
- The initial premium needs to include any premium in the pro-rated column as well as your first full monthly premium.
- Future premiums are due on the first of each month thereafter and should be paid online and/or mailed on or before the due date. Failure to pay premiums by specified premium due dates may terminate your participation in the Plan.

Please indicate the coverage you are electing by checking the applicable box(es) below:

Enroll	Type	Plan	Coverage Level	Monthly Premium	Pro-Rated Premium	Effective Date
[ ]	MED	Blue Cross Blue HSA	Single Only	$732.61	N/A	05/01/2024
	* RX	Caremark Prescription Plan	Single Only	N/A	N/A	05/01/2024
	* BVIS	EyeMed Basic Vision	Single Only	N/A	N/A	05/01/2024
[ ]	DEN	Delta Dental PPO	Single Only	$19.69	N/A	05/01/2024
[ ]	VIS	EyeMed Enhanced Vision	Single Only	$7.07	N/A	05/01/2024

Alternate coverage available:

Enroll	Type	Plan	Coverage Level	Monthly Premium	Pro-Rated Premium	Effective Date

You may pick and choose any combination of the above plans. Rates are subject to change as costs of the benefits increase or decrease, generally at the beginning of each plan year. **"Plans with an asterisk (*) are not available to be elected or declined separately from the primary plan listed with it.** "

IMPORTANT: If you are a dependent/spouse of the employee and electing coverage independently of the employee please note that on this election form.

LIST OF ELIGIBLE DEPENDENTS YOU MAY COVER

Social Security Numbers are required for ALL enrolled participants in order to provide proper eligibility reporting to the carriers. Please include a valid Social Security Number for each participant, including you. Your Social Security Number should be entered in the space provided at the top of this form.

Last Name	First Name	SSN	Birth Date	Gender

Signature and Payment required see below:

I HEREBY REQUEST ENROLLMENT IN THE HEALTH BENEFITS CONTINUATION PLAN FOR MYSELF AND ELIGIBLE QUALIFIED DEPENDENTS LISTED ON THIS FORM AND AGREE TO PAY THE PREMIUM AS REQUIRED. I UNDERSTAND THAT CONTINUATION COVERAGE MAY TERMINATE UNDER SEVERAL CIRCUMSTANCES, INCLUDING: THE DATE I OR A CONTINUED DEPENDENT BECOME COVERED UNDER ANOTHER GROUP HEALTH/DENTAL/VISION/HCRA PLAN, BECOME ENTITLED TO MEDICARE, OR ON THE DATE ON WHICH THE GROUP HEALTH/DENTAL/VISION/HCRA PLAN ENDS. I ALSO UNDERSTAND THAT IF I WAS DISABLED AT THE TIME OF MY QUALIFYING EVENT, I MAY BE ELIGIBLE FOR EXTENDED CONTINUATION COVERAGE.

Signature: _____ Date:_____

inspira™ FINANCIAL

AUTOMATIC CONTRIBUTION PAYMENT
ELECTRONIC FUNDS TRANSFER (EFT)

I authorize Inspira Financial Health, Inc. ("Inspira") to initiate debit and/or credit entries to the account designated below for payment of my monthly insurance benefit contributions. This agreement will remain in full effect until Inspira receives written instruction from me to rescind this authorization.

PART 1: PARTICIPANT INFORMATION

Name: SAMPLE PERSON Participant ID: 12345

Signature: _____ **Date:** _____

IMPORTANT: You will receive a confirmation letter, with the effective date denoted, once your EFT is set up by Inspira. Please continue to mail payments until you have received the confirmation.

PART 2: FINANCIAL INSTITUTION

Name of Financial Institution: _____

Account Type: ☐ Checking ☐ Savings ☐ Other

ABA Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

The bank routing number can be found in the lower left hand corner of your check and is usually the first 9 digit number. Your bank account number is usually found next to the routing number, as shown on the illustration below.

Attach a copy of a voided check to this form and mail to:

Inspira Financial Health, Inc.
BENEFIT BILLING DEPARTMENT
PO BOX 953374
ST. LOUIS, MO 63195-3374

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