



## MEDICAL MUTUAL®

### AEI 2021 Subsidy Eligibility Attestation Form

The American Rescue Plan Act of 2021 (ARPA), enacted on March 11, 2021, subsidizes the full continuation coverage premium for "Assistance Eligible Individuals" (AEIs) for periods of coverage from April 1, 2021, through Sept. 30, 2021.

Medical Mutual requires that each of its continuation coverage qualified beneficiaries who are eligible for treatment as an AEI complete and return this Subsidy Eligibility Attestation Form for the AEI subsidy to be applied. Your AEI subsidy will not be applied until you have completed and returned this form.

If you do not complete and return this form within 31 days of receipt, you may be ineligible for premium assistance.

To qualify, every individual named on this form must meet ALL the following requirements for treatment as an AEI:

1. The continuation coverage qualifying event was a loss of employment that was involuntary or a reduction of hours.
2. You elected (or are electing) continuation coverage.
3. You are NOT eligible for other group health plan coverage such as a plan sponsored by a new employer or a spouse's employer (or you were not eligible for other group health plan coverage during the period for which you are claiming premium assistance). Eligibility for other coverage is determined regardless of whether you take or decline the other coverage.
4. You are NOT eligible for Medicare (or you were not eligible for Medicare during the period for which you are claiming premium assistance).
5. You had a qualifying event in the last 12 months (on a rolling basis until Sept. 30, 2021) and you are currently on state continuation.

Please read the definition of an AEI as defined above carefully. If you believe you are eligible for treatment as an AEI and for the AEI subsidy, please complete this Subsidy Eligibility Attestation Form and return it to the employer that is providing you with state continuation coverage. You should have received instructions from them on where to return this form. Please return this form as soon as possible to receive your AEI subsidy.

[ ] I have read this form and the notice of my rights under the ARPA. I hereby attest that I meet the requirements for treatment as an AEI. I further affirm that I am not currently eligible for coverage under another Group Health Plan or Medicare, and I understand that if I become eligible for coverage under another Group Health Plan or Medicare that my eligibility for premium assistance under the ARPA will end and I must promptly notify my Plan Administrator. I affirm that I have elected or am electing continuation coverage. I understand that failing to notify the Plan Administrator when I become eligible for other group health plan coverage or Medicare or providing false or misleading information on this form to receive continuation coverage premium assistance may subject me to a penalty of \$250 (or if the failure is fraudulent, the greater of \$250 or 110% of the premium assistance provided after termination of eligibility).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Member ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Qualified Dependents:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Group Use Only**

**State Continuation subsidy period April 1, 2021, through Sept. 30, 2021**

**Group Name** \_\_\_\_\_

**Group Number** \_\_\_\_\_

**Member's State Continuation Start and End Dates** \_\_\_\_\_ through \_\_\_\_\_

**Member's Subsidized Amount** (not including any subsidy paid by the group) \_\_\_\_\_

The amount of the credit is the premium that would have been charged to an Assistance Eligible Individual in the absence of the premium assistance and does not include any amount of subsidy that the employer would have otherwise provided. Thus, absent the premium assistance, if the premium that the employer would have charged to an Assistance Eligible Individual is less than the maximum COBRA premium—for example, if the employer would have subsidized the coverage by paying all or part of the premium—the credit is equal to the amount that the employer actually would have charged to the Assistance Eligible Individual.