

This form is to be completed and submitted for all employees who are eligible for ARRA premium subsidies, regardless of employer size.

**NOTICE:** The American Recovery and Reinvestment Act (ARRA) effective February 17, 2009, provides for premium reductions for COBRA and State Continuation Members. For group health plans subject to COBRA, the employer is responsible for collecting the premium subsidy. For group health plans subject to State Continuation, the insurance carrier is responsible for collecting the premium subsidy. In accordance with this legislation, Optima Health will be providing the 65 percent subsidy amount for qualified State Continuation members.

Group Name:			Contact Name:		
Group ID Number:			_Contact Telephone Number:		
Number of employees is equal to or more than 20.	NO	YES			

Last Name	First Name	Optima Member ID number	and/ or	SSN	Original Cobra Effective Date	Subsidy Effective Date
			<u> </u>			24.0