

- Group Hospitalization and Medical Services, Inc.**
doing business as
CareFirst BlueCross BlueShield (CareFirst)
and
 CareFirst BlueChoice, Inc. (CareFirst BlueChoice)

840 First Street, NE
Washington, DC 20065
202-479-8000

Independent licensees of the Blue Cross and Blue Shield Association

The insurer(s) identified above is (are) responsible for the obligations in this Selection Form.
Selection of one or both of the above is required

Check the appropriate box(es) corresponding with one or both companies for which application is being sought:

CareFirst BlueCross BlueShield (CareFirst)

OR

CareFirst BlueChoice, Inc. (CareFirst BlueChoice)

COBRA or USERRA Continuation of Coverage Selection Form

Select one of the following by checking the appropriate box:

Continuation of Group Coverage under COBRA

OR

Continuation of Group Coverage under USERRA

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985, also known as COBRA, requires that a group health plan sponsored by an employer who typically employs 20 or more employees offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage or COBRA coverage). The temporary extension of health coverage is offered at group rates, in certain instances where coverage under the plan would otherwise end (qualifying events). Certain employer-maintained group health plans are exempt from COBRA, including small-employer plans, church plans (or tax-exempt organizations controlled by or affiliated with a church), and government plans (the Public Health Service Act governs governmental plans and contains parallel provisions of the federal law). Generally, if a member qualifies for continued coverage, he or she must pay the full cost of the applicable coverage during this period, and any applicable administrative fee. If the qualifying member wishes to continue coverage beyond this period, he or she may apply directly to

the District of Columbia's Health Insurance Marketplace through www.DCHealthLink.com for CareFirst BlueCross BlueShield and/or CareFirst BlueChoice coverage that is compliant with the new guidelines of the Affordable Care Act (ACA), or health care reform, within 31 days after his or her continued group coverage ends.

In general, an employer must notify the health plan administrator within 30 days after an employer's qualifying event -- death, job termination, reduced hours of employment, or eligibility for Medicare. In cases of divorce, legal marital separation, or a child's loss of dependent status, it is the employee or his or her family's responsibility to notify the health plan administrator within 60 days of the event. Once notified, the plan administrator then has 14 days to alert the employee and his or her family members about applicable rights to elect COBRA coverage. In turn, the employee, spouse, and children have 60 days to decide whether to buy COBRA coverage. Neither CareFirst BlueCross BlueShield, CareFirst BlueChoice, nor their representatives act as a COBRA administrator.

USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the Natural Disaster Medical System. USERRA also prohibits employers, and insurers, from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If an eligible employee leaves his or her job to perform military service, the eligible employee has the right to elect to continue their group coverage including any dependents for up to 24 months while in the military. Even if continuation of coverage was not elected during the eligible employee's military service, the eligible employee has the right to be reinstated in their group coverage when re-employed, without any waiting periods or preexisting condition exclusions except for service connected illnesses or injuries. If an eligible employee has any questions regarding USERRA, the eligible employee should contact the Plan administrator. The Plan administrator determines eligible employees and provides that information to CareFirst.

This form is not an application for insurance. This form is for data collection purposes only. The above description of COBRA and USERRA procedures is general in nature.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, CareFirst may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Name of Participant(s): _____

Identification Number: _____

Social Security Number: _____

Participant's Address: _____

Home Telephone Number: () _____ Work Telephone Number: () _____

Group Name: _____

Group Number: _____

Participant's Statement

I certify and agree that in the event I cease to be eligible for continuation of group coverage, I will immediately notify the employer through whom I have continued coverage.

Signature of Participant and Date _____

To Be Completed By the Plan Administrator

1. I hereby certify that the participant has been properly notified of all rights and responsibilities as dictated by federal statute.
2. Type of qualifying event: _____
3. Date continuation of coverage becomes effective for the participant: _____
4. \$ _____ is the amount that the participant has been told must be remitted each month for continuation of group coverage.
5. Continued group coverage must end no later than _____.

Signature of Plan Administrator and Date _____

Please Return This Form To:

CareFirst BlueCross BlueShield / CareFirst BlueChoice, Inc.
840 First Street, NE
Washington, DC 20065
Attention: Account Implementation Department
Mailstop: DC06-04

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