

EMPLOYEES SECURITY FUND OF THE ELECTRICAL PRODUCTS INDUSTRIES

158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, N.Y. 11365 • TEL (718) 591-1100 • FAX (718) 591-2189 • www.jibei.org

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May 2021

Summary of the COBRA Premium Assistance Provisions Under the American Rescue Plan Act of 2021

President Biden signed H.R. 1319, the American Rescue Plan Act of 2021, on March 11, 2021. This law subsidizes the full COBRA premium for “Assistance Eligible Individuals” for periods of coverage from April 1, 2021 through September 30, 2021.

To be considered an “Assistance Eligible Individual” for the premium assistance, you:

- **MUST** have a COBRA qualifying event related to a reduction in hours or an involuntary termination of employment;
- **MUST** elect COBRA continuation coverage;
- **MUST NOT** be eligible for Medicare; AND
- **MUST NOT** be eligible for coverage under any other group health plan, such as a plan sponsored by a new employer or a spouse’s employer.*

You are also **NOT** eligible for the subsidy if you have any of the following qualifying events:

- A participant who ceases being eligible due to Workers’ Compensation or Disability Benefits under the rules of the Plan;
- Death of a participant;
- A dependent child ceasing to be eligible for coverage;
- A divorce.

◆ **IMPORTANT** ◆

- ◇ To qualify, you must be able to check ‘Yes’ for all statements on the enclosed **Request For Treatment As An Assistance Eligible Individual** application;
- ◇ Complete and sign the **COBRA Continuation Coverage Election Form**;
- ◇ Return both forms to the **Employees Security Fund of the Electrical Products Industries Health and Welfare Plan**, 158-11 Harry Van Arsdale Jr. Avenue, Flushing NY 11365;
- ◇ If you do not elect to receive the premium assistance within 60 days of the date of the accompanying notice, you may be **ineligible** for the premium assistance;
- ◇ If you are not eligible for the premium assistance, you will still have the option to purchase COBRA continuation coverage and will be entitled to the COVID-19 deadline extensions on electing and making payments.

* This restriction does not include coverage under a plan that provides only excepted benefits, a qualified small employer health reimbursement arrangement, or coverage under a health flexible spending arrangement.

If you elect COBRA continuation coverage with premium assistance, and then become eligible for other group health plan coverage (not including coverage that is only excepted benefits (such as dental or vision coverage), a Qualified Small Employer Health Reimbursement Arrangement, or a health flexible spending arrangement), or if you become eligible for Medicare, you MUST notify the plan in writing. If you fail to provide this notice, you may be subject 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). You won't be subject to the penalty if your failure to notify the plan is due to reasonable cause and not due to willful neglect.

For general information on your plan's COBRA continuation coverage, contact the Employees Security Fund of the Electrical Products Industries Health and Welfare Plan, 158-11 Harry Van Arsdale Jr. Avenue, Flushing NY 11365, (718) 591-1100.

For specific information on your plan's administration of the American Rescue Plan Act premium assistance, contact the Employees Security Fund of the Electrical Products Industries Health and Welfare Plan, 158-11 Harry Van Arsdale Jr. Avenue, Flushing NY 11365, (718) 591-1100.

For more information regarding the American Rescue Plan Act premium assistance and eligibility questions, visit: <https://www.dol.gov/cobra-subsidy> or contact the Department of Labor at askebsa.dol.gov or 1-866-444-EBSA (3272).