

COBRA ARPA APPEAL FORM

REQUEST FOR TREATMENT AS AN ASSISTANCE ELIGIBLE INDIVIDUAL

Please complete the entire form. TRI-AD will work with your employer after your completed Appeal Form is received. Submission of an appeal is not a guarantee of eligibility. A determination of approval or denial is based on Federal Guidelines and Regulations as well as previously defined company policy. Once a decision has been made you will be notified in writing.

Your Information		
Member's last name	Member's first name	
Previous employer/name of employer offering COBRA	Member's Social Security Number	
Daytime phone number with area code	Secondary phone number with area code	
Employee email	Fax number, if available	
Street address		
City	State	ZIP Code
Appeal Consideration		
<p>To qualify you must be able to check the box for all statements below. Attach any documents for consideration during the review.</p> <ul style="list-style-type: none"> <input type="checkbox"/> My COBRA qualifying event was a loss of employment that was involuntary or a reduction in hours. <input type="checkbox"/> I am NOT eligible for other group health plan coverage (or I was not eligible for other group health plan coverage during the period for which I am claiming premium assistance). <input type="checkbox"/> I am NOT eligible for Medicare (or I was not eligible for Medicare during the period for which I am claiming premium assistance). <p>For Further Assistance, you may contact the Department of Labor's Employee Benefits Administration at 1-866-444-3272, or online at https://www.askebsa.dol.gov/WebIntake.</p>		
Acknowledgement and Signature		
<p>By signing this document, I attest that I meet the requirements for treatment as an Assistance Eligible Individual. To the best of my knowledge and belief all of the answers I have provided on this form are true and correct.</p>		
Member's Signature	Date	

TRI-AD Continuation of Benefits Department
 Website: www.tri-ad.com
 Email: cobmail@tri-ad.com
 Telephone: 888-844-1372 Fax: 760-233-4742
 P.O. Box 2059, Escondido, CA 92033
 Monday through Friday, 5:00 a.m. to 6:00 p.m. Pacific Time

