



8/21/2019

Employee Sample & Family
123 Main St.
San Diego, CA 92128

Dear Employee Sample & Family:

As your life events change, we know how important it is to remain covered by health insurance and that comparing all of the options can be confusing. While continuing your current coverage may be your best option, many Americans want to understand if they are eligible for tax subsidies under the Affordable Care Act to lower the cost of coverage. As part of our service to help you better understand your options and eligibility for subsidies, we have partnered with GoHealth to provide a dedicated website and care center to assist you in exploring your options in addition to coverage under COBRA. GoHealth is the country's most complete online portal for finding health insurance. Please visit <http://www.GoHealth.com/goigoe> or call 866-973-9690 to speak with a GoHealth representative for more information.

On 8/21/2019, you experienced an event of a/an Termination which constitutes a qualifying event under the Informatica LLC group health plan(s). As a result, your coverage, and that of your covered dependent(s), if any, will end on the date(s) set forth on the COBRA Continuation Election Form accompanying this letter. Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) this entitles you and your covered dependent(s) if any, to elect to continue coverage (referred to as COBRA coverage) under the plan(s) enrolled as active member(s). The first day of COBRA coverage and the maximum continuation period is determined by plan. Please refer to your COBRA Election Form enclosed to determine your first day of COBRA coverage and maximum continuation period ("Last Day of COBRA").

How to Elect COBRA Coverage

Under COBRA, you have a limited number of days to elect continuation coverage. Your election window is determined by the plan and is calculated from the date your coverage under the plan is lost because of the event described above or the date this notice of your election rights is sent to you, whichever is later. To elect COBRA coverage, you must complete and submit the enclosed election form to Igoe Administrative Services no later than the Election Period End date ("Last Day to Elect") listed on the enclosed COBRA Election Form. This same notice is being sent separately to your spouse, if any and if residing at a different address; however, only one of you needs to elect continuation coverage for your spouse and dependent child(ren), if any, who wish to continue coverage. Furthermore, because COBRA gives you the right to elect coverage independently, you, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage.

In addition to COBRA coverage, other health coverage options may be available to you, such as coverage through the Health Insurance Marketplace at www.healthcare.gov or 1-800-318-2596. You may also be eligible to enroll in coverage through Medicaid or another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

Payment of COBRA Coverage Premiums

The current amount of this premium and the due date for payment are explained in the enclosed COBRA Election Form. The premium may change in the future. We have used the information supplied by Informatica LLC to calculate your maximum continuation period under the plan(s) you were insured under prior to your qualifying event. If there is a discrepancy between our calculation and the underwriting insurance carrier, the insurance carrier always governs. Please contact your insurance carrier(s) to determine the exact end of your maximum continuation period.

Length of COBRA Coverage Period

If you and your spouse or dependent child(ren), if any, elect coverage, it can last for a maximum continuation period ("Last Day of COBRA") described in the enclosed COBRA Election Form beginning on the date of your qualifying event, or loss of coverage, whichever is later. The first day of COBRA coverage will be determined by the plan. The continuation period may be extended for the following reasons:



1. Death of employee, divorce, legal separation or change in dependent status

If these events occur during the original maximum continuation period of COBRA coverage, the period of coverage for your spouse and dependent child(ren), if any, may be extended. These events extend the original maximum continuation period of COBRA coverage only if they would have caused your spouse or dependent child(ren), if any, to lose coverage under the plan if the original qualifying event had not occurred. Note that to receive this extension, you and/or your spouse and dependent child(ren), must notify the Informatica LLC Plan Administrator within 60 days of the occurrence of these events.

2. Medicare entitlement of employee

If you became entitled to Medicare BEFORE your qualifying event, COBRA laws allow you to remain eligible for up to 18 months of COBRA coverage. However, your spouse and dependent child(ren), if any, may receive extended COBRA coverage for up to the greater of either: (a) 36 months from the date of your Medicare entitlement; or (b) 18 months from the date of your qualifying event, or loss of coverage, whichever is later.

If you become entitled to Medicare AFTER your qualifying event but within the original maximum continuation period of your qualifying event, your spouse and dependent child(ren), if any, may receive an additional 18 months of COBRA coverage. Note that a person generally has become entitled to Medicare when he or she has applied for Social Security income payments or has filed an application for benefits under Part A or Part B of Medicare.

3. Disability determination

If it is determined that you and/or your spouse or dependent child(ren), if any, were determined to be disabled (by the Social Security Administration) during the first 60 days of COBRA coverage and you are still disabled at the end of your original maximum continuation period of coverage, the original maximum continuation period may be extended for an additional 11 months for all individuals covered under COBRA coverage from the date of the qualifying event. This extension only applies if the Informatica LLC Plan Administrator is notified within 60 days of a disability determination and before the end of the original maximum continuation period. Federal law requires that you notify the Informatica LLC Plan Administrator of a determination by the Social Security Administration that you, your spouse, or dependent child(ren) are no longer disabled within 30 days of such a determination. Informatica LLC can be reached at (650) 385-5098 during business hours.

4. Bankruptcy filing

If the employer files for bankruptcy reorganization and retiree health coverage is lost within one year before or after the bankruptcy filing, COBRA coverage could continue until the death of a retiree (or a surviving spouse of a deceased retiree) or for 36 months from the retiree's death (after the bankruptcy filing) in the case of the spouse and dependent child(ren).

Newborns and Adoptees

A child who is born to or placed for adoption with you during a period of COBRA coverage will be eligible to become covered under the plan. In accordance with the terms of the Informatica LLC group health benefits plan and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Informatica LLC Plan Administrator of the birth or adoption.

Early Termination of COBRA Coverage

COBRA coverage may terminate early if:

- (1) The required premium payment is not paid when due.
- (2) After the date of your COBRA election, you and your spouse or dependent child(ren), if any, become covered under another group health plan.
- (3) After the date of your COBRA election, you, your spouse or dependent child(ren), if any, become entitled to Medicare benefits.
- (4) All of Informatica LLC group health plans are terminated.
- (5) If coverage is extended an additional 11 months due to disability, a determination that the individual is no longer disabled.
- (6) COBRA coverage may also be terminated for any reason the plan would terminate coverage of a participant or beneficiary not receiving COBRA coverage (such as fraud).

Continuation coverage under COBRA is provided subject to your eligibility. The Informatica LLC Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage. To be sure that you, your spouse and your dependent child(ren), if any, receive the necessary information concerning your rights, you should keep Igoe Administrative Services informed of any address changes.



If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” If you terminate COBRA continuation early without another qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next open enrollment period and may be without health coverage in the interim’. When you’ve exhausted COBRA continuation and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period even if the Marketplace open enrollment has ended. If you sign up for Marketplace coverage instead of COBRA, you cannot switch to COBRA continuation coverage.

Please be advised of your right to obtain a copy of the Summary Plan Description (SPD) for your group health plan by contacting the Informatica LLC Human Resource Department at (650) 385-5098. The SPD contains a complete description of your benefits.

This notice is a summary of your COBRA rights. For answers to specific questions, please contact our Customer Service Department at (800) 633-8818 during business hours.

Sincerely,

Igoe Administrative Services

COBRA CONTINUATION COVERAGE ELECTION FORM

Informatica LLC



IMPORTANT: PLEASE RETAIN A COPY OF THIS COBRA ELECTION FORM FOR FUTURE REFERENCE. THIS FORM CONTAINS INFORMATION ABOUT YOUR RIGHTS UNDER COBRA.

To continue coverage, you must complete and submit this election form to Igoe Administrative Services no later than the Election Period End date ("Last Day To Elect") listed below. If this election form is not returned within the enrollment period described below for each plan, you will lose your right to elect coverage. After you have elected to continue coverage under COBRA, you must pay the initial premium, which includes the period of coverage from your First Day of COBRA to the date of your election and any regularly scheduled monthly premiums that become due between your election date and the end of the initial premium payment period. The initial premium payment grace period will end after your election to continue coverage.

IMPORTANT NOTE: It may take up to two weeks from the application of your initial payment for the insurance companies to reflect reinstatement under COBRA. In the meantime, please plan to pay out of pocket for services and prescriptions. The out-of-pocket expenses can then be submitted to the insurance carriers for reimbursement.

If you have questions about COBRA or need assistance to complete your election form, please contact our Customer Service Department at (800) 633-8818 during business hours.

Qualified Beneficiary(QB):

Employee Sample
123 Main St.
San Diego, CA 92128

Event Date: 8/21/2019
Event Type: Termination
Second Event: No

COBRA gives you the right to elect coverage independently. You, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage.

Premium Information:

Plan Name	Coverage Level	Monthly Premium
Aetna PPO Medical	QB + Spouse	\$1,364.05
MetLife Core Dental	QB + Spouse	\$66.26
Total Premium:		\$1,430.31

Plan Name	First Day of COBRA	Last Day of COBRA	# Months of COBRA	Last Day To Elect	Initial Grace Period Days	Subsequent Grace Period Days
Aetna PPO Medical	9/1/2019	2/28/2021	18	10/31/2019	45	30
MetLife Core Dental	9/1/2019	2/28/2021	18	10/31/2019	45	30

Election Options (Individuals Enrolled Prior to Qualifying Event):

Please indicate the COBRA continuation coverage you are electing by checking the applicable box(es).

Name	Relationship	Date of Birth	SSN
Employee Sample	QB	6/22/1974	xxx-xx-9999
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Aetna PPO Medical		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	MetLife Core Dental		
Spouse Sample	Spouse	3/22/1970	xxx-xx-7777
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Aetna PPO Medical		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	MetLife Core Dental		

Alternative Election Options:



Plan Name	Coverage Level	First Day of COBRA	Monthly Premium
Aetna PPO Medical	QB + Spouse	9/1/2019	\$1,364.05
	QB Only	9/1/2019	\$620.24
	Spouse Only	9/1/2019	\$620.24
MetLife Core Dental	QB + Spouse	9/1/2019	\$66.26
	QB Only	9/1/2019	\$32.31
	Spouse Only	9/1/2019	\$32.31

In order to better serve you, please list below the previously covered dependents:

Last Name	First Name	DOB	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Completed election forms and premium payments should be remitted directly to the address below. Payment must be in the form of a check or money order. DO NOT send cash. Please make checks payable to the following:

Igoe Administrative Services
P.O. Box 2291
Omaha, NE 68103-2291

For all other correspondence please use the following address:

Igoe Administrative Services
P.O. Box 2291
Omaha, NE 68103-2291

[] I have read this form and the notice of my election rights. I understand my rights to elect continuation coverage and would like to take the action indicated above. I understand that if I elect continuation coverage, my continuation coverage will terminate under several circumstances according to COBRA regulations, including: non-payment of premium, the date I or a continued dependent become covered under another Group Health Plan or become entitled to Medicare after the COBRA election, or on the date which this Group Plan ends. I also understand that if I was determined to be disabled by the Social Security Administration within 60 days of my Qualifying Event, I may be eligible for extended continuation coverage and that any break in continued coverage of more than 63 days may cause loss of coverage portability.

I understand that future premiums are due the first of each month. I also understand that failure to pay the required premiums will result in termination of COBRA rights and coverage.

Signature _____ **Date** _____

*NOTE: If signature line is on a second page, be sure to include all pages of the election form. We will not be able to process your election without the entire form.

New Member Login Notice



An integral part of our broad service offering is our Member Self-Service Portal (Member Portal). We have designed the Member Portal to be an information-rich and secure website empowering you with the tools and information to efficiently and accurately manage your continuation under the Informatica LLC group health plans. We encourage you to leverage the powerful tools contained in the Member Portal anytime, from any location. Examples of information and tools you'll find on the Member Portal include:

1. Payment Information (last received and next due)
2. Coverage Information (plans and critical dates)
3. Copies of all communications we've sent to you
- 4. Make Payments Online**

Below is your unique registration identification number needed to become an authorized user of our website. Please visit <https://cobra.goigoe.com> and click on the NEW USER REGISTRATION link and follow the registration process as described. Please note you will be asked to supply a second piece of identification which will be your social security (SSN) number. In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.

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SCHEDULED ACH PREMIUM PAYMENT OPTION

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time. To sign up, login to your Member portal and proceed to the Recurring payments section. Also, you may contact our offices and we will help you with any questions or concerns.

If you should ever have any questions or comments, please do not hesitate to contact our offices at (800) 633-8818 during business hours. Our entire staff is looking forward to getting to work for you.

You can now elect online through your Member Self-Service Portal (Member Portal). Online election is available for you to elect any combination of plans for yourself and your dependents (if any) that you had before your Qualifying Event. Online election is available until 11:59 PM Central Time on the Last Day to Elect listed on your COBRA Continuation Election Form. Electing online is a safe, fast and secure way to ensure your elections are processed. Please visit <https://cobra.goigoe.com> to register and complete your online election.