ARRA Subsidy Permanent Waiver Form

Discovery Benefits
COBRA

As an Assistance Eligible Individual (AEI)*, you are entitled to receive a 65% subsidy toward the payment of your COBRA premium for up to nine months or the duration of your COBRA coverage period, whichever is less. However, if the amount you earn for the year is more than $125,000 (or $250,000 for married couples filing a joint federal income tax return), you may have to repay all or part of the ARRA subsidy you receive through an increase in your income tax liability for the year. If you think that your income may exceed the amounts above, you may wish to consider waiving your right to the subsidy. (For information on how it affects your own income tax situation, please consult your tax preparer. Discovery Benefits cannot provide tax advice.)

An AEI who wants to make a permanent election to waive the right to the subsidy may do so by completing and signing this form and sending the form to Discovery Benefits per the instructions below. No separate notification to a government agency is required.

Please note that by signing and submitting this permanent waiver, you are no longer eligible to receive the ARRA subsidy. This waiver is permanent and cannot be reversed, even if in 2009 or 2010, your modified adjusted gross income falls below the phase out thresholds in those years.

* Assistance Eligible Individuals (AEI) are those who were involuntarily terminated between September 1, 2008 and December 31, 2009. Individuals who were involuntarily terminated due to gross misconduct are ineligible for COBRA coverage for themselves and their family members and are not eligible for the ARRA subsidy.

Please print all requested information clearly and legibly. Failure to do so may result in our not being able to process your request in a timely manner.

Former Employer Name

Assistance Eligible Individual Name (First, Middle Initial, Last) Female ☐ Male ☐

Date of Birth (__ __ - __ __ - __ __) Social Security Number (__ __ __ - __ __ - __ __ __ __) Email Address

Address (__ __ __ - __ __ __ - __ __ __ __) Phone

City State (__ __) Zip (__ __ __ __ __)

By signing this form, I agree to permanently waive my right to the ARRA subsidy. I have read this form and the notice of my rights under the ARRA subsidy. I understand my rights to receive the subsidy as an Assistance Eligible Individual under ARRA and I wish to permanently waive my rights to the subsidy. I understand this is a permanent waiver of my rights to the subsidy and that I may not later obtain the subsidy if my adjusted gross income ends up below the limits defined in ARRA.

Assistance Eligible Individual Signature Date

Send via: Fax: 866-640-7540 or Mail: Discovery Benefits, PO Box 869, Fargo, ND 58107-0869

If you have any questions, please contact Discovery Benefits at 866-451-3399, options 1, 2