



MASSACHUSETTS

# 2021 MINI-COBRA ASSISTANCE-ELIGIBLE INDIVIDUAL ATTESTATION FORM

## Account Information

Account Name:

Account Number:

**You have identified the following Blue Cross Blue Shield of Massachusetts (“BCBSMA”) Member(s) as eligible for a 2021 mini-COBRA state subsidy:**

Member Name	Group Number	Member Identification Number	Original Mini-COBRA Effective Date	Mini-COBRA End Date

Pursuant to the American Rescue Plan Act of 2021 (“ARPA”), the Mini-COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1986) state subsidy amount is assumed to be 100% of the total premium owed to BCBSMA for the subsidy period 4/1/2021–10/1/2021.

- If the eligibility status of any member changes, it is the responsibility of the employer or broker to notify BCBSMA immediately through their normal enrollment processing. (Account is responsible for following mini-COBRA eligibility guidelines of 18 or 36 months.)
- Employer is expected to pay monthly premium of active members listed on monthly invoice. Failure to do so could result in account cancellation.
- Subsidy credit will be adjusted monthly and will be reflected in the “Adjustment/ Interest” section of your monthly invoice. Depending on timing, some credits will not be posted prior to the next monthly bill run. Please allow one to two billing cycles for the credit to appear.
- This form is an editable PDF. Please complete it electronically. If this form is illegible or missing information, it will be returned. The form must be sent back through secure email, to [accountservic@bcbsma.com](mailto:accountservic@bcbsma.com), and please add “Mini-COBRA Attestation Form” in the subject line.

(continued)

By signing below, on behalf of the Account named on the previous page and its group health plan, I hereby represent and warrant that (1) the Account named on the previous page is subject to the Massachusetts Mini-COBRA Law (M.G.L. c. 176J, § 9), (2) that the members listed herein are eligible for continuation coverage pursuant to that statute, (3) that each of the listed members has qualified for such continuation coverage as a result of involuntary termination or reduction of hours, and (4) that each of the listed members has signed the United States Department of Labor's Request for Treatment as an Assistance Eligible Individual form. I further understand and agree that should any of the members listed on the previous page be deemed ineligible for the ARPA continuation coverage subsidy, the Account and its group health plan shall be liable to Blue Cross Blue Shield of Massachusetts (BCBSMA) for the full cost of the premiums attributable to those ineligible members, and shall indemnify and hold harmless BCBSMA for any costs, fees, taxes, or penalties levied on BCBSMA as a result of BCBSMA's reliance on the Account's representations and warranties herein. On behalf of the Account and its group health plan, I understand and agree to all terms and conditions stated in this Attestation Form.

**Authorized HR Representative at Account or Broker**

**Printed Name:**

**Signature:**

**Date (MM/DD/YYYY):**

**Please email this form to your Account Service Team at [accountservic@bcbsma.com](mailto:accountservic@bcbsma.com) and add "Mini-COBRA Attestation Form" in the subject line. Please allow two weeks for processing this form.**

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).