



12/24/2025

BRENT HALEY
3072 OVERLOOK DRIVE
VALLEJO, CA 94590

Dear BRENT HALEY:

On 12/12/2025, you experienced an event of a/an Termination which constitutes a qualifying event under the UiPath, Inc. 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 Voya Financial 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; 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 UiPath, Inc. to calculate your maximum continuation period under the plan(s) you were insured 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 UiPath, Inc. 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.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends? In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period* to sign up for Medicare Part A or B, beginning on the earlier of:

*<https://www.medicare.gov/basics/get-started-with-medicare/sign-up/ready-to-sign-up-for-part-a-part-b>.

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

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 UiPath, Inc. 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 UiPath, Inc. 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.

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 UiPath, Inc. group health benefits plan and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the UiPath, Inc. 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 UiPath, Inc. 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 UiPath, Inc. 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 Voya Financial 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 UiPath, Inc. Human Resource Department at (844) 432-0455. 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 (833) 232-4673, 24 hours a day, 7 days a week.

Sincerely,

Voya Financial



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COBRA CONTINUATION COVERAGE ELECTION FORM

UiPath, Inc.



**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 Voya Financial 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 premiums for 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. Your Initial Premium Period will end at the end of your Initial Grace Period which is listed below and which is measured as a number of days after the date of your election. To become "fully enrolled" under COBRA, you must "pay your account to current" no later than the end of your Initial Grace Period. You may certainly though "pay to current" and become fully enrolled under COBRA before the end of your Initial Grace Period. Paying to current is defined as paid to the month in which it currently is.

If you waive coverage under COBRA before the end of the enrollment period, you can change your mind and continue coverage by submitting your completed election form before the end of the enrollment period described below for each plan.

If you have questions about COBRA or need assistance to complete your election form, please contact our Customer Service Department at (833) 232-4673, 24 hours a day, 7 days a week.

Qualified Beneficiary(QB):

BRENT HALEY
3072 OVERLOOK DRIVE
VALLEJO, CA 94590

Event Date: 12/12/2025
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	Pro-rated Premium	Monthly Premium
Carrot Fertility and Family Forming Benefit	QB Only	\$390.72	\$956.25
Delta Dental DPO Buy Up	QB + Family		\$172.38
EyeMed Vision	QB + Family		\$21.19
Spring Health Mental Wellbeing	QB Only		\$21.52
Bundle: United Healthcare HDHP Lower Ded w-Rx	QB + Family		\$2,577.16
UHC Pharmacy HDHP Lower			
United Healthcare HDHP Lower Deductible with HSA			
	Total Premium:	\$390.72	\$3,748.50

Continuation Information:

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
Carrot Fertility and Family Forming Benefit	12/13/2025	6/12/2027	18	2/22/2026	45	30
Delta Dental DPO Buy Up	1/1/2026	6/30/2027	18	3/2/2026	45	30
EyeMed Vision	1/1/2026	6/30/2027	18	3/2/2026	45	30
Spring Health Mental Wellbeing	1/1/2026	6/30/2027	18	3/2/2026	45	30
Bundle: United Healthcare HDHP Lower Ded w-Rx	1/1/2026	6/30/2027	18	3/2/2026	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
BRENT HALEY	QB	4/18/1968	xxx-xx-2384
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Carrot Fertility and Family Forming Benefit		
Accept <input type="checkbox"/> Waive <input checked="" type="checkbox"/>	Delta Dental DPO Buy Up		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	EyeMed Vision		
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Spring Health Mental Wellbeing		
MITZI HALEY	Spouse	10/7/1970	xxx-xx-2589
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Delta Dental DPO Buy Up		
Accept <input type="checkbox"/> Waive <input checked="" type="checkbox"/>	EyeMed Vision		
QUINN HALEY	Dependent Child	12/19/2005	xxx-xx-9462
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Delta Dental DPO Buy Up		
Accept <input type="checkbox"/> Waive <input checked="" type="checkbox"/>	EyeMed Vision		
DEVIN HALEY	Dependent Child	7/5/2007	xxx-xx-6213
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Delta Dental DPO Buy Up		
Accept <input type="checkbox"/> Waive <input checked="" type="checkbox"/>	EyeMed Vision		
BRENT HALEY	QB	4/18/1968	xxx-xx-2384
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Bundle: United Healthcare HDHP Lower Ded w-Rx		
MITZI HALEY	Spouse	10/7/1970	xxx-xx-2589
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Bundle: United Healthcare HDHP Lower Ded w-Rx		
QUINN HALEY	Dependent Child	12/19/2005	xxx-xx-9462
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Bundle: United Healthcare HDHP Lower Ded w-Rx		
DEVIN HALEY	Dependent Child	7/5/2007	xxx-xx-6213
Accept <input type="checkbox"/> Waive <input type="checkbox"/>	Bundle: United Healthcare HDHP Lower Ded w-Rx		

Alternative Election Options:

Plan Name	Coverage Level	First Day of COBRA	Pro-rated Premium	Monthly Premium
Carrot Fertility and Family Forming Benefit	QB Only	12/13/2025	\$390.72	\$956.25
Delta Dental DPO Buy Up	QB + Children	1/1/2026	\$117.51	
	QB + Family	1/1/2026	\$172.38	
	QB + Spouse	1/1/2026	\$90.46	
	QB Only	1/1/2026	\$49.26	
EyeMed Vision	QB + Children	1/1/2026	\$14.38	
	QB + Family	1/1/2026	\$21.19	
	QB + Spouse	1/1/2026	\$12.22	
	QB Only	1/1/2026	\$5.82	
Spring Health Mental Wellbeing	QB Only	1/1/2026		\$21.52
Bundle: United Healthcare HDHP Lower Ded w-Rx	QB + Children	1/1/2026		\$1,478.71
	QB + Family	1/1/2026		\$2,577.16
	QB + Spouse	1/1/2026		\$1,774.43
	QB Only	1/1/2026		\$844.97

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. If you prefer, you may remit your first premium payment via ACH or by setting up recurring ACH, by logging onto our secure online portal.



Voya Financial
PO Box 23983
New York, NY 10087-3983

[] 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.



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 UiPath, Inc. 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://premiumbilling.voya.com> and click on the 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 number (SSN). In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.

YwGZnngP

SCHEDULED ACH PREMIUM PAYMENT OPTION

Did you know you can schedule your payment to automatically pull from your bank account (via ACH)? 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.

If you should ever have any questions or comments, please do not hesitate to contact our offices at (833) 232-4673, 24 hours a day, 7 days a week. 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://premiumbilling.voya.com> to register and complete your online election.