

11/14/2025
Sophia H. Karaev
Gregory B. Karaev
Isaak Karaev
25 Central Park W
Apt 10a
New York, NY 10023

Important Dates

Date of Notice: 11/14/2025
Qualifying Event: 11/03/2025
Benefits Termination: 11/30/2025
COBRA Coverage Period Start: 12/01/2025
Election Rights Expire: 60 days after Date of Notice
COBRA Coverage Period End: 05/31/2027
Elect, make payments, or contact us via: www.ebcobra.com

IMPORTANT INFORMATION about Electing COBRA Continuation Coverage and other Health Coverage Alternatives

Dear Qualified Beneficiary(ies):

This notice has important information about your right to continue your health care coverage under your company's group plan (the "Plan") sponsored by Extensis (the "Employer").

This notice also provides information about other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA Continuation coverage. Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA Continuation coverage, you must make an election as described later in this notice.

Why am I getting this notice?

You're getting this notice because your coverage under the Plan will end on the benefits termination date above due to:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> End of employment | <input type="checkbox"/> Retirement | <input type="checkbox"/> Divorce or legal separation |
| <input type="checkbox"/> Death of employee | <input type="checkbox"/> Leave Of Absence (LOA) | <input type="checkbox"/> Loss of dependent child status |
| <input type="checkbox"/> Entitlement to Medicare | <input type="checkbox"/> Reduction in hours of employment | <input type="checkbox"/> Military Leave |

This event that results in your loss of coverage under the Plan is called your "qualifying event." Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through COBRA Continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

What's COBRA Continuation coverage?

COBRA Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting COBRA Continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA Continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan. The Plan provides no greater COBRA rights than what COBRA requires - nothing in this notice is intended to expand your rights beyond COBRA Continuation's requirements.

Who are the qualified beneficiaries?

An employee, spouse, or dependent child who loses coverage under the Plan as a result of a qualifying event is a "qualified beneficiary." The qualified beneficiaries currently entitled to elect COBRA Continuation coverage are identified in the chart below:

Qualified Beneficiary Name	An "X" in the box below means the individual listed is a Qualified Beneficiary for this type of Plan coverage.		
	DENTAL PPO 2000 Aetna	PREMIUM VISION Aetna	National POS 25/1000 F Aetna
Sophia H. Karaev	X	X	X
Gregory B. Karaev	X	X	X
Isaak Karaev	X	X	X

In some instances, if you gain a dependent child (e.g., by birth or adoption, or pursuant to a Qualified Medical Child Support Order) during a period of COBRA Continuation coverage, your new dependent child will also be considered a qualified beneficiary for whom you can elect COBRA for the remainder of the applicable continuation coverage period. If you gain a dependent child while on COBRA, please contact **EverythingBenefits** to determine whether the child can be enrolled for COBRA Continuation coverage during a special enrollment or annual open enrollment period.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA Continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

Some of these options may cost less than COBRA Continuation coverage.

You should compare your other coverage options with COBRA Continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA Continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option until the next available open enrollment period.

If I elect COBRA Continuation coverage, when will my coverage begin and how long will the coverage last?

In the case of a loss of coverage due to the employee's end of employment or reduction of hours of employment, coverage generally may be continued for up to 18 months. In the case of a loss of coverage due to an employee's death, divorce or legal separation, or entitlement to Medicare, or due to a dependent child ceasing to be a dependent under the terms of the Plan, coverage under the Plan's Medical, Dental and Vision components may be continued for up to a total of 36 months.

For the qualified beneficiaries listed above, if elected, COBRA Continuation coverage will begin on a date following the COBRA Coverage Period Start and can last until COBRA Coverage Period End.

Please note: If the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA coverage for qualified beneficiaries (other than the employee) may last up to 36 months after the date of Medicare entitlement - this special rule applies only if the employee becomes entitled to Medicare within 18 months BEFORE the termination or reduction of hours. If you believe the end date listed above should be extended because the employee was already entitled to Medicare before electing COBRA, notify EverythingBenefits of the date of the employee's Medicare entitlement by email or by completing and mailing this election form.

COBRA Continuation coverage may end before the date noted above in certain circumstances. COBRA coverage will automatically terminate before the end of the maximum period for any of the following reasons:

- failure to timely pay the required premium;
- after electing COBRA under this Plan, the qualified beneficiary becomes covered by other employer-sponsored group health coverage;
- after electing COBRA under this Plan, the qualified beneficiary first becomes entitled to Medicare (under Part A, Part B, or both);
- when the COBRA Continuation coverage period has been extended due to a qualified beneficiary's disability and the Social Security Administration determines that individual is no longer disabled;
- termination for cause, such as fraud; or
- the Employer terminates the Plan and ceases to offer any other group health plan for its employees.

You must notify **EverythingBenefits by email** within 30 days if, after electing COBRA, a qualified beneficiary becomes entitled to Medicare (Part A, Part B, or both) or becomes covered under other group health plan coverage. In addition, if the Social Security Administration determines that a qualified beneficiary is no longer disabled, you must notify **EverythingBenefits** within 30 days after the date of that determination using this same process.

Can I extend the length of COBRA Continuation coverage?

If you elect COBRA Continuation coverage, you may be able to extend the length of COBRA Continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify **EverythingBenefits** of a disability or a second qualifying event within the following time frames:

- The second qualifying event extension is available only if you notify **EverythingBenefits** of the second qualifying event within 60 days of the date of the second qualifying event.
- The disability extension is available only if you notify **EverythingBenefits** of the Social Security Administration's determination of disability within 60 days after the latest of:
 - the date of the Social Security Administration's disability determination;
 - the date of the covered employee's termination of employment or reduction of hours; and
 - the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination of employment or reduction of hours.

In addition, you must provide this notice before the end of the 18-month period following the employee's termination of employment or reduction of hours in order to be entitled to a disability extension. Note: if you extend COBRA Continuation coverage due to a disability, the cost of coverage may increase; please contact **EverythingBenefits** for more information about the cost of coverage during a disability extension period.

If you don't provide notice of a disability or second qualifying event within the required time period, you may lose your right to extend the period of COBRA Continuation coverage.

For more information about extending COBRA Continuation coverage due to disability or a second qualifying event, please refer to the General Notice of COBRA Continuation Coverage Rights previously sent to you, or visit <http://www.dol.gov/ebsa/publications/cobraemployee.html>.

How much does COBRA Continuation coverage cost?

You will be required to pay for COBRA Continuation coverage as follows:

DENTAL PPO 2000 Aetna	PREMIUM VISION Aetna	National POS 25/1000 F Aetna
\$117.30	\$18.36	\$1,122.00

The COBRA premium amount listed above is based on the information provided by the employer. If your coverages have not changed from the prior month but the premium amount is different from what you were paying in the prior month, please contact us as soon as possible at cobra@EverythingBenefits.com. If the amount is less than you were paying previously, to avoid partial payment, please remit the amount you were

sending previously.

Other coverage options may cost less. **For example, you may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA Continuation coverage.** You can learn more about the Marketplace below.

The Trade Act of 2002 created a tax credit (the Health Coverage Tax Credit or "HCTC") for certain individuals who become eligible for trade adjustment assistance and for certain retired employees who are receiving pension payments from the Pension Benefit Guaranty Corporation (PBGC) (eligible individuals). The HCTC expired on January 1, 2014, but was retroactively reinstated and modified by the Trade Adjustment Assistance Reauthorization Act of 2015 for coverage periods through 2019. Under the HCTC provisions, eligible individuals can either take a tax credit or get advance payment of 72.5% of premiums paid for qualified health insurance, including COBRA Continuation coverage. For more information, visit www.irs.gov/HCTC.

What is the Health Insurance Marketplace?

The Health Insurance Marketplace® offers "one-stop shopping" to find and compare private individual health insurance options. In the Marketplace, you could be eligible for a subsidy that lowers your monthly premiums and for cost-sharing reductions (that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your subsidized premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Under the ARP, individuals and families may be eligible for a temporary increase in their premium tax credit, and advance payments of the premium tax credit, for this year, with no one who is eligible paying more than 8.5% of their household income towards the cost of the benchmark plan or a less expensive plan for plan years 2021 and 2022. Through a Marketplace, you can also learn if you may qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). People in most states use HealthCare.gov to apply for and enroll in Marketplace coverage; if your state has its own Marketplace platform you can find contact information for your State Marketplace here: <https://www.healthcare.gov/marketplace-in-your-state/>.

Being offered COBRA Continuation coverage won't limit your eligibility for Medicaid. It also won't limit your eligibility for Marketplace coverage or for a subsidy through a Marketplace, if you are a former employee of the employer offering the coverage. But you won't be eligible for a subsidy or a tax credit during any month that you're enrolled in COBRA Continuation coverage. Therefore, if you want to use a special enrollment period to enroll in Marketplace coverage with a subsidy or a tax credit, you must end your COBRA Continuation coverage before your Marketplace coverage starts.

If you are currently employed by the employer offering the COBRA Continuation coverage with premium assistance, you may enroll in Marketplace coverage but you may be ineligible for a subsidy or a premium tax credit for the Marketplace coverage for the period you are offered the COBRA Continuation coverage with premium assistance.

When can I enroll in Marketplace coverage?

Marketplace-eligible consumers can enroll in Marketplace coverage if they qualify for a special enrollment period. For example, Marketplace-eligible consumers always have 60 days from the time they lose your job-based coverage to enroll in the Marketplace, or they can apply up to 60 days beforehand if they know they'll lose coverage ahead of time. After 60 days, the special enrollment period will end and Marketplace-eligible consumers may not be able to enroll unless they qualify for another special enrollment period, so they should take action right away if they want to enroll in Marketplace coverage. In addition, during what is called an "open enrollment" period, Marketplace-eligible consumers can enroll from November 1 – December 15 in Marketplace coverage that starts on January 1. Finally, they may apply for and, if eligible, enroll in Medicaid coverage at any time.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period/. If your state has its own Marketplace platform, you can find contact information for your State Marketplace here: <https://www.HealthCare.gov/marketplace-in-your-state/>. Note, you may apply for and, if eligible, enroll in Medicaid coverage at any time.

If I sign up for COBRA Continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA Continuation coverage?

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." But be careful though - if you terminate your COBRA Continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA Continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA Continuation coverage, you cannot switch to COBRA Continuation coverage under any circumstances.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA Continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA Continuation coverage.

Can I enroll in Medicare instead of COBRA Continuation of 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 initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period to sign up, beginning on the earlier of:

- 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 Part B and elect COBRA Continuation coverage instead, you may have to pay a Part B lifetime 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 then 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 Continuation coverage may not be discontinued based on Medicare eligibility, even if you enroll in the other part of Medicare after the date of the election of COBRA Continuation coverage.

If you are enrolled in both COBRA and Medicare, Medicare will generally pay first (as the primary payer) and COBRA Continuation coverage will pay second. Certain COBRA Continuation coverage 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>.

What factors should I consider when choosing coverage options?

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA Continuation coverage (or up to 150% of total plan premiums after 18 months if you choose to extend the COBRA Continuation coverage period beyond 18 months due to the disability of a qualified beneficiary) if you are not eligible for premium assistance under the ARP. If you are eligible for premium assistance under the ARP, your plan can charge this amount if you continue your COBRA Continuation coverage beyond September 30, 2021. Other options, like coverage on a spouse's plan, Medicaid or coverage through a Marketplace plan, may be less expensive at that point.

Provider Networks: If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network and whether you will have access to that network through any other option as you consider options for health coverage.

Drug Formularies: If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.

Severance payments: If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA Continuation coverage premium payments for a period of time. In this scenario, you may want to contact the Department of Labor at null to discuss your options.

Service Areas: Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.

Other Cost-Sharing: In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments. You may also want to consider whether you have met your deductible or maximum out-of-pocket limit under your COBRA Continuation coverage.

How can I elect COBRA Continuation coverage?

To elect COBRA, you must complete the attached forms at the end of this document and email or mail to EverythingBenefits. Each qualified beneficiary has a separate right to elect COBRA. For example, the employee's spouse may elect COBRA even if the employee does not. A qualified beneficiary who is the employee or spouse can elect COBRA on behalf of all of the qualified beneficiaries. Generally, you can elect COBRA Continuation coverage only for qualified beneficiaries who were enrolled in the Plan prior to the qualifying event.

For more information

This notice doesn't fully describe COBRA Continuation coverage or other rights under the Plan. More information about COBRA Continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact **EverythingBenefits**.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at null. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

For more information on ARP premium assistance for involuntary terminations and reduction of hours qualifying events, please go to: <https://otw.click/Cobra03>

Keep Your Plan Informed of Address Changes

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator. You can contact the Plan Administrator at:

EverythingBenefits 1253 Springfield Avenue, Suite 350, New Providence, NJ 07974 or by emailing cobra@EverythingBenefits.com

Important Information About Payment

Each qualified beneficiary is required to pay the entire cost of COBRA Continuation coverage. You will have the opportunity to choose your electronic payment method (e.g. check, bank account debit) when you log on to elect COBRA Continuation coverage. If you need to change your payment method, you can do so by emailing cobra@EverythingBenefits.com. The amount a qualified beneficiary may be required to pay may not exceed 102% (or, in the case of an extension of COBRA coverage due to a disability, 150%) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA coverage. The required monthly payment for each group health component of the Plan under which you are entitled to elect COBRA is described above. The monthly premium amount may change (e.g., at the beginning of a new plan year).

Please note: The return of a check or electronic ACH issued to EverythingBenefits will result in a \$40 returned payment fee being applied to the COBRA participant's account.

First payment for continuation coverage

You must make your first payment for continuation coverage no later than 45 days after the date of your election. If you don't make your first payment in full no later than 45 days after the date of your election, you will lose all COBRA Continuation coverage rights under the Plan. Your first payment must cover the cost of COBRA coverage from the time your benefits were terminated through the end of current invoice period. You are responsible for making sure that the amount of your first payment is correct. You may contact EverythingBenefits at cobra@EverythingBenefits.com to confirm the correct amount of your first payment. **We suggest to make the first payment by check.** Please make the check payable to EverythingBenefits and mail it to the address listed on this notice.

Authorization for Electronic Check Conversion

For your first or periodic payment, when you provide a check as a payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day your payment is received.

Monthly payments for continuation coverage

After you make your first payment for COBRA Continuation coverage, you will have to make monthly payments for each month of coverage that follows. Under the Plan, each of these periodic payments for continuation coverage is due one business day prior to the beginning of that coverage period. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. If an email address is on file, we will send out periodic notices of payments due for these coverage periods.

Grace periods for monthly payments

Although monthly payments are due as described above, you will be given a grace period of 30 days after payment due date to make each monthly payment.

Your COBRA Continuation coverage for that month will continue uninterrupted as long as payment for that coverage period is made before the end of the 30 day grace period. However, if we receive your payment after the due date, but before the end of the grace period, your coverage may be suspended as of beginning of unpaid coverage period and then retroactively reinstated when the payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you don't make a periodic payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments, if paying by check, for continuation coverage should be sent to: **EverythingBenefits 1253 Springfield Avenue, Suite 350, New Providence, NJ 07974**

COBRA Continuation Coverage Election Form

Instructions: To elect COBRA Continuation coverage, complete this Election Form and return it to EverythingBenefits. Under federal law, you have 60 days after the date of this notice (or, if later, 60 days after the date that Plan coverage is lost) to decide whether you want to elect COBRA Continuation coverage under the Plan.

Email completed Election Form to: cobra@EverythingBenefits.com

This Election Form may also be completed and returned by mail to: EverythingBenefits 1253 Springfield Avenue, Suite 350, New Providence, NJ 07974. If mailed, it must be post-marked no later than 01/13/2026.

This Election Form must be completed, returned by mail, and post-marked no later than 3 business days before when election rights expire.

If you don't submit a completed Election Form by the due date shown above, you'll lose your right to elect COBRA Continuation coverage. If you reject COBRA Continuation coverage before the due date, you may change your mind as long as you submit a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA Continuation coverage, your COBRA Continuation coverage will begin on the date you submit the completed Election Form.

The following qualified beneficiaries may elect COBRA Continuation coverage in the Plan:

Qualified Beneficiary Name	An "X" in the box below means the individual listed is a Qualified Beneficiary for this type of Plan coverage.		
	DENTAL PPO 2000 Aetna	PREMIUM VISION Aetna	National POS 25/1000 F Aetna
	\$117.30	\$18.36	\$1,122.00
Sophia H. Karaev	X	X	X
Gregory B. Karaev	X	X	X
Isaak Karaev	X	X	X

The COBRA premium amount listed above is based on the information provided by the employer. If your coverages have not changed from the prior month but the premium amount is different from what you were paying in the prior month, please contact us as soon as possible at cobra@EverythingBenefits.com. If the amount is less than you were paying previously, to avoid partial payment, please remit the amount you were sending previously.

If you choose to continue your current coverage, you must pay an initial premium, which includes:

- First full month premium for December 2025 of **\$1,257.66**
- Any additional regularly scheduled monthly premium that becomes due, if any.

If you would like to change coverage types please contact EverythingBenefits team. Important information about paying your premium can be found at the end of this notice.

I (We) hereby elect COBRA Continuation coverage as follows (for each type of coverage elected, please check off plans you are electing for COBRA Continuation coverage):

- ☒ **Dental (Aetna - DENTAL PPO 2000)**
- ☒ **Vision (Aetna - PREMIUM VISION)**
- ☒ **Medical (Aetna - National POS 25/1000 F)**

If you elect COBRA Continuation coverage and you gain a dependent child while covered under COBRA, please contact EverythingBenefits at cobra@EverythingBenefits.com to enroll the new dependent child.

Signature I. Karaev

Date 11/14/2025

Print Name Isaak Karaev

Relationship to individual(s) listed above _____

Address 25 Central Park W, Apt 10a, New York, NY 10023

Telephone # _____

EverythingBenefits Automatic Payment (ACH) Authorization Form

PLEASE READ:

1. Attach a copy of a voided check.
2. If you do not supply a voided check, please complete banking information below and email to cobra@EverythingBenefits.com.
3. When adding your ACH, please note we need to receive notification at least 10 days prior to invoice due date.
4. When canceling or changing your ACH, please note we need to receive notification at least 15 days prior to invoice due date. If your request is received after this timeframe, we will continue to process your ACH as normal.
5. We are not able to process incomplete forms.

BANK ACCOUNT INFORMATION:

Bank Name: *bank of america*
Account Type: *Checking*
Routing Number: *021000322*
Account Number: *xxxxxx3483*

Name Isaak Karaev
Date 11/14/2025
Signature I. Karaev

I authorize **EverythingBenefits** to initiate a debit from my checking or savings account for my recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of the amount equal to the new required premium payment plus any additional service fees, if any. This authorization is to remain in full force and effective until **EverythingBenefits** has received written notification from me of its termination in such time and manner as to afford **EverythingBenefits** a reasonable opportunity to act on it. I understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for insufficient funds. I understand and agree to the terms outlined and authorize **EverythingBenefits** to make appropriate changes to my required premium deduction as necessary.

Email this form & a copy of the voided check to cobra@EverythingBenefits.com or mail to: **EverythingBenefits 1253 Springfield Avenue, Suite 350, New Providence, NJ 07974**

Contact phone: null

Through our COBRA Self Service Portal you can edit your personal information, view benefits, invoices, and enter in payment ACH details. Auto payment can also be activated through the COBRA Self Service Portal.

Access your portal at Ebcobra.com

All you need to login to your account is your last name, full social security number, and date of birth.

If there are any questions regarding the information on the COBRA Self Service Portal please reach out to our COBRA team at cobra@EverythingBenefits.com.