

**COBRA WAIVER APPROVAL**

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Total Enrolled Contracts: \_\_\_\_\_ Total Eligible: \_\_\_\_\_

Fully Insured: \_\_\_\_ Yes \_\_\_\_ No If no, what is funding arrangement \_\_\_\_\_

Reason for Waiver: \_\_\_\_\_

Additional Documentation Attached: Yes \_\_\_\_ No \_\_\_\_

Producer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Royal Advantage Broker Approval: \_\_\_\_\_ Date: \_\_\_\_\_

VP Marketing/Underwriting Approval: \_\_\_\_\_ Date: \_\_\_\_\_

VP Marketing/Underwriting Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

**This form is to be used when requesting a COBRA waiver. It is important to provide thorough documentation and background information. This form (Attachment 1) should be sent to Admin Central, 6393 Oaktree Blvd., Suite 300, Independence, OH 44131. Once all signatures are completed, the form will be returned to the Requestor via fax or US Mail. All requests will require Royal Advantage Broker Management Approval Signature prior to submission.**

**COBRA ADDENDUM**

This Addendum is made this \_\_\_\_\_ day of \_\_\_\_\_ by and between Medical Mutual of Ohio® (hereinafter “Medical Mutual”) and \_\_\_\_\_ (hereinafter referred to as the “Group”).

**RECITALS**

WHEREAS, Medical Mutual and the Group entered into a Group Contract effective \_\_\_\_\_ (hereinafter referred to as the “Contract”); and

WHEREAS, Medical Mutual and the Group wish to modify the provisions of the Contract involving the Group’s obligation to administer COBRA benefits through MMO’s contracted COBRA administrator.

NOW, THEREFORE, in consideration of the mutual promises contained herein and being in agreement as to the above recitals, the parties agree as follows:

1. The Group acknowledges that it is subject to the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 commonly known as COBRA. The Group desires to perform its own administrative duties to comply with COBRA for those of its employees that are protected under the law. The Group will not depend in any respect on Medical Mutual in administering COBRA.

2. Medical Mutual agrees to comply with any properly documented requests for continuation coverage under COBRA which requests are supplied in a timely manner by the Group. Proper documentation includes proof that the Group timely offered COBRA to the eligible employee and proof that the employee timely accepted COBRA pursuant to federal regulations.

3. The Group agrees to notify Medical Mutual at least 30 days in advance of the exhaustion of COBRA benefits.

4. The Group agrees to indemnify Medical Mutual for any damage, claim, or loss Medical Mutual may suffer by any action, litigation, suit, or claim brought by any individual arising out of the company's duties under COBRA.

IN WITNESS WHEREOF, the parties have executed this addendum this \_\_\_\_\_ day of \_\_\_\_\_.

Medical Mutual of Ohio®  
(Medical Mutual)

\_\_\_\_\_  
The Group

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date