

**COBRA Addendum to the Employer Participation Agreement**

Employer Member acknowledges that the Association Health Plan (AHP) providing its employees with group health plan coverage may be subject to the continuation of coverage provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Employer Member agrees that it will promptly notify the COBRA administrator of any COBRA qualifying event that will cause a covered employee, dependent or child to lose health coverage.

In the event that Employer Member fails to provide notice to the COBRA administrator, it agrees to indemnify and hold the AHP harmless against any and all losses, liabilities, penalties, fines, costs, damages, and attorney fees, including the costs of litigation, that may result from a failure to provide of a qualifying event to the COBRA Administrator.

Any provision of this COBRA Addendum which, on its effective date, is in conflict with the requirements of state or federal statutes or regulations (of the jurisdiction in which the AHP is administered) is deemed to be amended to conform to the minimum requirements of those statutes and regulations.

**Employer Member**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Information about COBRA, including a list of qualifying events, can be found at the link below:

<https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-health-coverage-consumer.pdf>