

# **EXHIBIT E**

AP Benefit Advisors, LLC  
 Cobra/Retiree Trust  
 PO Box 42506  
 Philadelphia, PA 19101-2506



Leona Faren  
 1 HILLBROOK COURT  
 APT 104  
 TIMONIUM, MD 21093

5/31/2022

Dear Leona Faren:

We have received your full initial premium payment for enrollment in the ZeniMax Media Inc COBRA continuation plan, and your premium is now paid through 6/30/2022. The benefits for which you are eligible are fully explained in the 'Summary Plan Description'. This document was given to all ZeniMax Media Inc employees when they first became eligible for employee health benefits. If you need a copy of the 'Summary Plan Description', please contact Customer Service or ZeniMax Media Inc.

Included with this letter please find your premium payment coupon booklet. To ensure proper posting of your payment, it is required that you return your coupon remittance stub with your payments. You should pay the premium before the due date. Please note that premium payments are due on the first day of each month regardless of receipt of a premium notice. You will have a grace period each month to remit your premium for that month's coverage. The grace period begins the day after the due date for that month's coverage. Please refer to the information below to determine the premium payment grace period for each plan under which you are enrolled. Failure to pay premiums by premium due dates will terminate your participation in the ZeniMax Media Inc COBRA continuation plan.

Plan Name	Coverage Level	Paid Through Date	First Day of COBRA	Last Day of COBRA	Months of COBRA	Pmt Grace Period
CareFirst BluePreferred 100/80 PPO	QB Only	6/30/2022	6/1/2022	11/30/2023	18	30
MetLife DPPO	QB Only	6/30/2022	6/1/2022	11/30/2023	18	30
Vision Service Plan	QB Only	6/30/2022	6/1/2022	11/30/2023	18	30

**Projected Plan Premiums**

Premium Due Date	Premium Amount	Employer Subsidy	Total Amount Owed
07/01/2022	\$657.86	\$511.69	\$146.17
08/01/2022	\$657.86	\$511.69	\$146.17
09/01/2022	\$657.86	\$511.69	\$146.17
10/01/2022	\$657.86	\$0.00	\$657.86
11/01/2022	\$657.86	\$0.00	\$657.86
12/01/2022	\$657.86	\$0.00	\$657.86
01/01/2023	\$657.86	\$0.00	\$657.86
02/01/2023	\$657.86	\$0.00	\$657.86
03/01/2023	\$657.86	\$0.00	\$657.86
04/01/2023	\$657.86	\$0.00	\$657.86
05/01/2023	\$657.86	\$0.00	\$657.86
06/01/2023	\$657.86	\$0.00	\$657.86

We have used the information supplied by ZeniMax Media Inc to calculate your maximum continuation period under the plan(s) you were insured under 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.



COBRA premiums should be made payable to and mailed to:

AP Benefit Advisors, LLC  
Cobra/Retiree Trust  
PO Box 42506  
Philadelphia, PA 19101-2506

### **SCHEDULED ACH PREMIUM PAYMENT OPTION**

Did you know you can set up scheduled ACH for your payments? 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. Also, you may contact our offices and we will help you with any questions or concerns.

If you have questions about your COBRA coverage, please contact our Customer Service Department at (800) 330-8065 during business hours.

Sincerely,

AP Benefit Advisors, LLC



### **Go Green. Go Paperless.**

**Still receiving your communications through the mail? Here are three reasons to consider going paperless:**

1. Less paper means less clutter. Your communications will be in one place – online.
2. Paperless communications are more secure. An identity thief can grab your communications from the trash. Your online communications are protected by your password and our top-tier security.
3. Online communications use fewer resources. And using fewer resources helps the environment. To sign up for paperless communications, please access your self-service portal and click on Preferences and Communications. Here you can update your communications delivery option to Email.



Qualified Beneficiary
Faren, Leona ZeniMax Media Inc CustID: 347 - MemberID: 243382

COBRA Premium Due
Due Date: <b>7/1/2022</b> Amount Due: <b>\$146.17</b>

Remit To
AP Benefit Advisors, LLC Cobra/Retiree Trust PO Box 42506 Philadelphia, PA 19101-2506

I hereby certify that any qualified beneficiaries, including myself, remain eligible for participation in ZeniMax Media Inc COBRA continuation plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**PREMIUM PAYMENT COUPON**

Qualified Beneficiary
Faren, Leona ZeniMax Media Inc CustID: 347 - MemberID: 243382

COBRA Premium Due
Due Date: <b>8/1/2022</b> Amount Due: <b>\$146.17</b>

Remit To
AP Benefit Advisors, LLC Cobra/Retiree Trust PO Box 42506 Philadelphia, PA 19101-2506

I hereby certify that any qualified beneficiaries, including myself, remain eligible for participation in ZeniMax Media Inc COBRA continuation plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**PREMIUM PAYMENT COUPON**

Qualified Beneficiary
Faren, Leona ZeniMax Media Inc CustID: 347 - MemberID: 243382

COBRA Premium Due
Due Date: <b>9/1/2022</b> Amount Due: <b>\$146.17</b>

Remit To
AP Benefit Advisors, LLC Cobra/Retiree Trust PO Box 42506 Philadelphia, PA 19101-2506

I hereby certify that any qualified beneficiaries, including myself, remain eligible for participation in ZeniMax Media Inc COBRA continuation plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Qualified Beneficiary
Faren, Leona ZeniMax Media Inc CustID: 347 - MemberID: 243382

COBRA Premium Due
Due Date: <b>10/1/2022</b> Amount Due: <b>\$657.86</b>

Remit To
AP Benefit Advisors, LLC Cobra/Retiree Trust PO Box 42506 Philadelphia, PA 19101-2506

I hereby certify that any qualified beneficiaries, including myself, remain eligible for participation in ZeniMax Media Inc COBRA continuation plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**PREMIUM PAYMENT COUPON**

Qualified Beneficiary
Faren, Leona ZeniMax Media Inc CustID: 347 - MemberID: 243382

COBRA Premium Due
Due Date: <b>11/1/2022</b> Amount Due: <b>\$657.86</b>

Remit To
AP Benefit Advisors, LLC Cobra/Retiree Trust PO Box 42506 Philadelphia, PA 19101-2506

I hereby certify that any qualified beneficiaries, including myself, remain eligible for participation in ZeniMax Media Inc COBRA continuation plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**PREMIUM PAYMENT COUPON**

Qualified Beneficiary
Faren, Leona ZeniMax Media Inc CustID: 347 - MemberID: 243382

COBRA Premium Due
Due Date: <b>12/1/2022</b> Amount Due: <b>\$657.86</b>

Remit To
AP Benefit Advisors, LLC Cobra/Retiree Trust PO Box 42506 Philadelphia, PA 19101-2506

I hereby certify that any qualified beneficiaries, including myself, remain eligible for participation in ZeniMax Media Inc COBRA continuation plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





COBRA/Retiree Trust  
P.O. Box 42506  
Philadelphia, PA 19101-2506  
Tel (800) 451-8519 / Fax (410) 771-9323

**IMPORTANT REMINDER REGARDING  
YOUR COBRA ELECTION AND PREMIUM PAYMENTS**

If your COBRA Election form includes a “**Pro-rated Premium**” amount, your first payment must include the pro-rated amount and all payments through the current month. COBRA must begin on the day after your coverage as an active employee ended.

In order to set-up COBRA coverage, we must receive your Election form or Online elections by your Last Day to Elect and your first full payment that includes the pro-rated amount, if any, and additional monthly payments through the month in which you are making your first payment. Our system will be updated and the carriers will be notified via our weekly file.

The Election Form has all of your important dates – First Day of COBRA, Last Day of COBRA, Last Day to Elect COBRA, # of months of COBRA and Grace Period information.

We generate payment coupons for your convenience. Please read your coupons and make sure that all of the information provided on these coupons is complete and accurate.

COBRA payments are due the first day of each coverage month. If payment is not received by AP Benefit Advisors, LLC on the first of each month, your payment must be post-marked within 30 days of payment due date. If the payment is sent after the grace period, benefits will be terminated, your premium will be refunded to you, and your COBRA coverage will not be reinstated.

**EXAMPLE:**

**Payment Due: 6/1/2020**

**Post-mark deadline: 6/30/2020**

**Post-marked 7/1/2020: Coverage is terminated as of 6/1/2020, payment refunded, and COBRA will not be reinstated.**

Payments may be made online at [login.apbenefitadvisors.com](http://login.apbenefitadvisors.com). You will need your registration code to initially login to the site. This code is included in your initial packet. For assistance in retrieving this code, you may contact us at the number noted above. **\*\*The bank charges a \$20 fee for each payment made online.\*\***

You may also set-up monthly ACH payments at no additional fee to you. **ACH payments cannot be retroactive.** You must be paid in full through the current month and have faxed or mailed your ACH form and voided check to the bank address noted above at least 10 days prior to the month in which ACH will begin.

Sincerely,

AP Benefit Advisors, LLC COBRA Department



Leona Faren  
1 HILLBROOK COURT  
APT 104  
TIMONIUM, MD 21093

5/20/2022

Dear Leona Faren:

On 5/31/2022, you experienced an event of a/an Termination which constitutes a qualifying event under the ZeniMax Media 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 either elect online or complete and submit the enclosed election form to AP Benefit Advisors, LLC no later than the Election Period End date ("Last Day to Elect") listed on the enclosed COBRA Election Form. 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. You may also enroll online, instructions are included in this packet.

If you wish to elect Healthcare FSA as a COBRA participant please be advised that you must have funds in your account at the time of your COBRA effective date. If you have spent over the amount you have already paid into the plan, you are not eligible to elect this plan.

In addition to COBRA coverage, other health coverage options may be available to you, such as:

1. For alternative individual health insurance/healthcare options in Maryland, DC, Virginia, Kentucky, Indiana, Pennsylvania or Ohio you may contact John Doyle (AssuredPartners Individual Health Insurance) at [jdoyle@med-link.net](mailto:jdoyle@med-link.net) or 502-992-4072.
2. 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 employer's loss of coverage.
3. Affordable Care Act (ACA) individual health insurance coverage options: [www.healthcare.gov](http://www.healthcare.gov), 1-800-318-2596

Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Medicare, 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.



The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you’ll also learn if you qualify for free or low-cost coverage from Medicaid or the Children’s Health Insurance Program (CHIP). You can access the Marketplace for your state at [www.HealthCare.gov](http://www.HealthCare.gov).

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won’t limit your eligibility for coverage or for a tax credit through the Marketplace. You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a “special enrollment” event. After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away. In addition, during what is called an “open enrollment” period, anyone can enroll in Marketplace coverage. 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](http://www.HealthCare.gov).

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[1] 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 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 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.

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 coverage. Other options, like coverage on a spouse’s plan or through the Marketplace, may be less expensive.
- **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 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 payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 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.

### **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 ZeniMax Media 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. Your coverage will not be reinstated until your first premium is received through the current month.

**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 ZeniMax Media 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.

**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 ZeniMax Media 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 ZeniMax Media 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. The ZeniMax Media Inc benefit line can be reached at (800) 330-8065 during business hours.

**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 ZeniMax Media 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 ZeniMax Media 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 ZeniMax Media 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 ZeniMax Media 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 AP Benefit Advisors, LLC 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 ZeniMax Media Inc Human Resource Department. 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 (800) 330-8065 during business hours.

Sincerely,

AP Benefit Advisors, LLC

**COBRA CONTINUATION COVERAGE ELECTION FORM****ZeniMax Media 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 either enroll online or complete and submit this election form to AP Benefit Advisors, LLC no later than the Election Period End date ("Last Day To Elect") listed below. If you do not enroll online or 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 (800) 330-8065 during business hours.

**Qualified Beneficiary(QB):**

Leona Faren  
1 HILLBROOK COURT  
APT 104  
TIMONIUM, MD 21093

Event Date: 5/31/2022  
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	Monthly Premium
CareFirst BluePreferred 100/80 PPO	QB Only	\$615.60
MetLife DPPO	QB Only	\$36.87
Vision Service Plan	QB Only	\$5.39
<b>Total Premium:</b>		<b>\$657.86</b>

**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
CareFirst BluePreferred 100/80 PPO	6/1/2022	11/30/2023	18	7/31/2022	45	30
MetLife DPPO	6/1/2022	11/30/2023	18	7/31/2022	45	30
Vision Service Plan	6/1/2022	11/30/2023	18	7/31/2022	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
Leona Faren	QB	11/30/1984



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.

AP Benefit Advisors, LLC  
Cobra/Retiree Trust  
PO Box 42506  
Philadelphia, PA 19101-2506

For all other correspondence please use the following address:

AP Benefit Advisors, LLC  
10 North Park Drive  
Suite 200  
Hunt Valley, MD 21030-1827

[ ] 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.



### **New Member Login Notice**

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 ZeniMax Media 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://login.apbenefitadvisors.com> and click on the NEW USER 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 (SSN) number. In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.

YysJGMWJ

### **SCHEDULED ACH PREMIUM PAYMENT OPTION**

Did you know you can set up scheduled ACH for your payments? 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. Also, you may contact our offices and we will help you with any questions or concerns.

If you should ever have any questions or comments, please do not hesitate to contact our offices at (800) 330-8065 during business hours. 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://login.apbenefitadvisors.com> to register and complete your online election.



COBRA/Retiree Trust  
P.O. Box 42506  
Philadelphia, PA 19101-2506  
Tel (800) 451-8519 / Fax (410) 771-9323

**IMPORTANT REMINDER REGARDING  
YOUR COBRA ELECTION AND PREMIUM PAYMENTS**

If your COBRA Election form includes a “**Pro-rated Premium**” amount, your first payment must include the pro-rated amount and all payments through the current month. COBRA must begin on the day after your coverage as an active employee ended.

In order to set-up COBRA coverage, we must receive your Election form or Online elections by your Last Day to Elect and your first full payment that includes the pro-rated amount, if any, and additional monthly payments through the month in which you are making your first payment. Our system will be updated and the carriers will be notified via our weekly file.

The Election Form has all of your important dates – First Day of COBRA, Last Day of COBRA, Last Day to Elect COBRA, # of months of COBRA and Grace Period information.

We generate payment coupons for your convenience. Please read your coupons and make sure that all of the information provided on these coupons is complete and accurate.

COBRA payments are due the first day of each coverage month. If payment is not received by AP Benefit Advisors, LLC on the first of each month, your payment must be post-marked within 30 days of payment due date. If the payment is sent after the grace period, benefits will be terminated, your premium will be refunded to you, and your COBRA coverage will not be reinstated.

**EXAMPLE:**

**Payment Due: 6/1/2020**

**Post-mark deadline: 6/30/2020**

**Post-marked 7/1/2020: Coverage is terminated as of 6/1/2020, payment refunded, and COBRA will not be reinstated.**

Payments may be made online at [login.apbenefitadvisors.com](http://login.apbenefitadvisors.com). You will need your registration code to initially login to the site. This code is included in your initial packet. For assistance in retrieving this code, you may contact us at the number noted above. **\*\*The bank charges a \$20 fee for each payment made online.\*\***

You may also set-up monthly ACH payments at no additional fee to you. **ACH payments cannot be retroactive.** You must be paid in full through the current month and have faxed or mailed your ACH form and voided check to the bank address noted above at least 10 days prior to the month in which ACH will begin.

Sincerely,

AP Benefit Advisors, LLC COBRA Department



**IMPORTANT INFORMATION ABOUT YOUR COBRA CONTINUATION COVERAGE RIGHTS**

One of the primary goals of AP Benefit Advisors LLC is to provide you with useful information regarding COBRA health benefits coverage. There are many basic questions that you may have regarding COBRA. We have tried to address some of those that are asked most frequently.

**What is continuation coverage?**

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee (or retired employee) covered under the group health plan, the covered employee's spouse, and the dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

**When is COBRA coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

**What if I have a qualifying event?**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your Plan Administrator.

**How long will continuation coverage last?**

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued for up to 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months. When 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 continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time,
- a qualified beneficiary becomes covered, after electing continuation coverage, under another group health plan.
- a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage,
- the employer ceases to provide any group health plan for its employees, or
- coverage is extended an additional 11 months due to disability, and a determination is made that the individual is no longer disabled.

Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

**How can you extend the length of COBRA continuation coverage?**

If you elect continuation coverage, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify AP Benefit Advisors LLC of a disability or a second qualifying event in order to extend the period of continuation coverage within 60 days of receiving notice. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.



### *Disability*

An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration (SSA) to be disabled. The disability has to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. If you believe you or your dependents may qualify for a disability extension, you should notify AP Benefit Advisors LLC at 1-800-451-8519. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Plan of that fact within 30 days after SSA's determination. **Further, the disabled qualified beneficiary (or another person on his or her behalf) must also notify the Plan Administrator of the SSA determination. The SSA Notice of Disability (called a "Disability Award" Notice) must be sent to the Plan Administrator within 60 days, starting from the latest of: (1) the date on which the SSA issues the disability determination; (2) the date on which the Qualifying Event occurs; or (3) the date on which the Qualified Beneficiary receives the COBRA general notice.**

### *Second Qualifying Event*

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. **You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.**

### **How can you elect COBRA continuation coverage?**

To elect continuation coverage, you must either elect online or complete the Election Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee's spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. You may lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

### **How much does COBRA continuation coverage cost?**

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) 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 continuation coverage. The required payment for each continuation coverage period for each option is described in this notice.

There may be other coverage options for you and your family. You have the option to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.



**When and how must payment for COBRA continuation coverage be made?**

*First payment for continuation coverage*

If you elect continuation coverage, you do not have to send any payment with the Election Form. However, you must make your first payment for continuation coverage not later than 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage in full not later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan. You are responsible for making sure that the amount of your first payment is correct. Your payment and enrollment materials should be made out to AP Benefit Advisors, LLC and mailed to:

AP Benefit Advisors, LLC  
Cobra/Retiree Trust  
PO Box 42506  
Philadelphia, PA 19101-2506

*Periodic payments for continuation coverage*

After you make your first payment for continuation coverage, you will be required to make periodic payments for each subsequent coverage period. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is due on the first day of the month for 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. A coupon book will be issued at the time of your first payment for the remainder of the plan year.

Payments may also be made on-line once payments are current.

*Grace periods for periodic payments*

Although periodic payments are due on the first of the month of the coverage period, you will be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage under the Plan will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic 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 fail to make a periodic payment before the end of the grace period for that coverage period, your coverage will be terminated, and you will lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be sent to:

AP Benefit Advisors, LLC  
Cobra/Retiree Trust  
PO Box 42506  
Philadelphia, PA 19101-2506

Address to overnight payment:

AP Benefit Advisors, LLC  
Cobra/Retiree Trust  
10 North Park Drive, Suite 200  
Hunt Valley, MD 21030



**How does the COVID-19 relief affect my time frame to elect and pay for COBRA coverage?**

Standard timing provides 60 days from a Qualifying Event (loss of coverage) to make a COBRA election, and 45 days from that first election to make your first COBRA premium payment. All other months require COBRA payments on the first of the month, or post-marked by the last day of the month in order to be “timely”. Those timelines still apply, but the “clock” on them doesn’t begin to run until the specified days after the National Emergency ends. This means the time period from March 1, 2020 until 60 days after the announced end of the national emergency (“Outbreak Period”) must be disregarded.

To reinstate benefits, you must elect and pay all premiums retroactively from your Qualifying Event date.

**I have Medicare (or elected Medicare) before I became COBRA eligible. Who pays first?**

**If you have Medicare because you’re 65 or over or because you have a disability, Medicare pays first and COBRA pays second (except for those Qualified Beneficiaries with End-Stage Renal Disease (ESRD)).**

If you have Medicare based on ESRD, COBRA continuation coverage pays first. Medicare pays second to the extent COBRA coverage overlaps the first 30 months of Medicare eligibility or entitlement based on ESRD.

Whether and when you should elect COBRA coverage can be a very complicated decision. When you lose employer coverage and you have Medicare, you need to be aware of your COBRA election period, your Part B enrollment period, and your Medigap Open Enrollment Period. These may all have different deadlines that overlap, so be aware that what you decide about one type of coverage (COBRA, Part B, and Medigap) might cause you to lose rights under one of the other types of coverage. Your Former Employer and Plan Sponsor cannot provide you with information about your Medicare A/B/C/D or Medigap open enrollment periods—you must obtain that information from [www.medicare.gov](http://www.medicare.gov).

**I didn’t enroll in Medicare when I first became eligible because I was still employed, but I recently lost my job. Can I enroll in Medicare now after my group health plan coverage ends?**

Yes, and there may be advantages to enrolling in Medicare before, or instead of, electing COBRA. 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<sup>3</sup> to sign up for Medicare Part A or B, 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 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.

<sup>1</sup> <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

**For more information**

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, you should contact:

AP Benefit Advisors LLC  
10 North Park Drive  
Suite 200  
Hunt Valley, MD 21030  
800-451-8519



Private sector employees seeking more information about rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, can contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 1-866-444-3272 or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through a Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

**Keep Your Plan Informed of Address Changes**

In order to protect your and your family's rights, you should 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 for your records.



In response to the COVID-19 pandemic, the U.S. Department of Labor (DOL) released a new final rule that temporarily extends the period in which eligible members can elect COBRA health insurance coverage, and the deadline for them to begin making COBRA premium payments.

The rule extends most COBRA deadlines to beyond the "Outbreak Period," which it defines as March 1, 2020, to 60 days after the end of the declared COVID-19 national emergency, or another date if provided by the agencies in future guidance. For example, if the emergency declaration expires as written on June 29, 2020, the Outbreak Period will end on August 28, 2020.

The rule applies as follows:

- **The COBRA election period.** Under COBRA, employees and dependents who lose active coverage as a result of a qualifying event, such as termination of employment or reduction of hours, normally have 60 days to elect continuation of coverage after receiving a COBRA election notice. Under the rule, the 60-day timeframe doesn't start until the end of the Outbreak Period.
- **The COBRA premium payment period.** COBRA enrollees normally have 45 days from their COBRA election to make the first premium payment, and subsequent monthly payments must be made within a 30-day grace period that starts at the beginning of each coverage month. The new rule extends the initial premium payment and grace period deadlines beyond the Outbreak Period.

On October 6, 2021, the IRS released new guidance, IRS Notice 2021-58, that further explains the application of extensions for the election of COBRA and payment of COBRA premiums.

The guidance clarifies that the disregarded period for a participant to elect COBRA continuation coverage and the disregarded period for the participant to make the initial COBRA premium payment generally run concurrently. Participants have until (1) up to one year and 60 days after the participant's receipt of the COBRA election notice or (2) the end of the Outbreak Period (60 days after the COVID-19 National Emergency is declared over), whichever is earlier, to make the COBRA election and initial payment.

Applying the disregarded periods in this way means that the participants who delay electing COBRA may not have more than one year plus 60 days of total disregarded time to make the COBRA election and initial COBRA payment.

The rule applies as follows:

- Initial Election made after the 60-day election period. Any participant who has delayed election and elects outside of his or her 60 day election period will have until the end of the Outbreak Period or until one year and 105 days after the date the COBRA Specific Rights Notice was provided, whichever is earlier, to make the initial premium payment.
- Initial Election made within the initial 60-day election period. Any participant who elects within the 60 day election period will have until the end of the Outbreak Period or until one year and 45 days from the day of election, whichever is earlier, to make the initial premium payment.

To reinstate benefits, you must elect and pay all premiums retroactively from your Qualifying Event date. If you have any questions, please contact our Customer Service Department at the number located on your COBRA notice.