

[Date]

Mr. Test Person  
1000 Smith Way  
Back Home, WA 00000

RE: Open Enrollment  
Member ID #

Dear Participant:

Open Enrollment for 2021 coverage begins October 1, 2020. Your enrollment packet will be mailed to you prior to October 1, 2020 and will contain all of the required information regarding the enrollment process.

This letter outlines your dependents who are currently enrolled for coverage in 2020 and the required weekly co-premiums. If you are not currently enrolled, it will be noted below. Please review this information to make sure it is correct and that you understand it.

If any of the information below is incorrect (such as misspellings, wrong date of birth, etc.), please contact the Plan Office at 303-430-9334. If you need to make a change in your covered dependents for 2021 (add or drop someone) or if you are not currently enrolled in Plan coverage and wish to enroll for 2021, you must follow the instructions that will be listed in your enrollment guide or return a completed enrollment form to the Plan Office by midnight October 15, 2020. If you do not wish to make any changes, no action is needed on your part unless your spouse is covered under the Plan, in which case you will need to complete a Spousal Coverage Verification Form, which will also be explained in your enrollment materials.

After the enrollment period ends, you may not make changes to who is covered on or after January 1, 2021, subject to your Special Enrollment [Rights](#) set forth in the Enrollment Guide.

In addition, if you notice that one of your dependents who has coverage under Kaiser is not listed below, please contact the Plan Office immediately.

<b><u>Participants</u></b>	<b><u>Gender</u></b>	<b><u>Relationship</u></b>	<b><u>Birth Date</u></b>	<b><u>Status</u></b>
James Test	Male	Member	01-05-1964	Active
Mary Test	Female	Child	04-29-1991	Active
Lacey Test	Female	Child	07-03-1995	Active
Carol Test	Female	Spouse	06-12-1968	Active

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Unless you notify the Plan Office to the contrary, you are certifying that the dependents listed above qualify as eligible dependents under the Plan.

**In addition, if you or any of your dependents become eligible for other coverage or there is a change in the other coverage, please contact the Plan Office immediately (for example, if your spouse is entitled to other coverage).**

The following chart outlines the amount of the weekly co-premiums. The weekly co-premium amount you are required to remit is based on who you have covered as a dependent. These amounts are subject to change.

**YOU MUST TAKE ACTION PRIOR TO MIDNIGHT OCTOBER 15, 2020 (i.e., DURING OPEN ENROLLMENT) TO DROP OR ADD COVERAGE FOR ANYONE (INCLUDING YOURSELF) UNDER THE PLAN EFFECTIVE AS OF JANUARY 1, 2021.**

	<u>2021</u>
Employee Only	\$7.50/week
Employee + Spouse or Employee + Children	\$15/week
Employee + Spouse + Children	\$23/week
Additional Working Spouse Self-Payment (If your spouse is eligible for other employer-sponsored coverage and has not enrolled in that coverage.)	\$23.08/week

This letter does not guarantee eligibility for benefits or benefit payments.

Sincerely,

Plan Office  
43823063v4 06/25/2020