

## HUB Waiver Form

If you intend to elect medical and prescription coverage under COBRA and want to waive the HUB benefit offering, please complete this form and return the HUB Waiver Form along with the COBRA Continuation Coverage Election Form, to the address listed below.

Both forms are required to be submitted to the address shown below when requesting waiver of the HUB benefit. Failure to submit both forms as directed may result in incorrect enrollment or lack of coverage.

### Step 1: Participant Information (All Information Required)

Employer Name

Employee ID

Participant Name

Social Security Number

### Step 2: Confirmation of HUB Product Waiver (Signature Required)

I understand that by submitting the signed HUB Waiver Form along with the COBRA Continuation Election Form, I am requesting that the HUB benefit be removed from my COBRA election. I understand that the HUB benefit will no longer be available as an option the remainder of the current plan year.

Signature

Date

### Step 3: Submit Election Detail

Submit the completed and signed HUB Waiver Form along with the completed and signed COBRA Continuation Election Form to the address shown below.

**Aptia**  
**Attention: COBRA Form Processing**  
**PO Box 6161**  
**Fargo, ND 58108-6161**