

## Cancelling/Ending Coverage

**You do not need to enter in a REMOVAL/END date if you remain on COBRA up to your expires date.**

Your COBRA Coverage will end per information provided to you on your COBRA expiration date. You do not need to put in a REMOVE/End my Coverage date.

**If you have set up recurring payments, please click on Cancel Paymentus Payments.**

If you would like to end your coverage **prior to your COBRA Expires Date**, please log in to your Online Portal. Click on “Elected Plans” in the left menu. Click on “Remove/End My Coverage”. You will then see a screen to select your plan(s) to end and the effective date to Remove/End Coverage.

### Elected Plans

[DELTA DENTAL][DENTAL ENHANCED][SINGLE]									
Name	Status	Event Date	Loss Of Coverage	Elected	Enrolled	Expires	Removed	Removal Reason	Received
JOHN J DOE	ACTIVE	7/18/2022	7/31/2022	8/12/2022		1/31/2024			8/16/2022

  

[PRIORITY HEALTH][HMO TIER][SINGLE]									
Name	Status	Event Date	Loss Of Coverage	Elected	Enrolled	Expires	Removed	Removal Reason	Received
JOHN J DOE	ACTIVE	7/18/2022	7/31/2022	8/12/2022		1/31/2024			8/16/2022

REMOVE/END MY COVERAGE    OPEN PLAN REVIEW

Select the “Removal Effective Date” with the top drop-down box.

**Remove/End My Coverage**

Removal Effective Date:

Name	Plan Code	Coverage Code	Option Code	Coverage Starts	Coverage Ends	Premium
<input type="checkbox"/> JOHN J DOE	DELTA DENTAL	DENTAL ENHANCED	SINGLE	8/1/2022	1/31/2024	38.62
<input type="checkbox"/> JOHN J DOE	PRIORITY HEALTH	HMO TIER	SINGLE	8/1/2022	1/31/2024	686.35

CANCEL    CONFIRM

Then select the plan(s) in which you want to end your coverage.

**Remove/End My Coverage**

Removal Effective Date:

Name	Plan Code	Coverage Code	Option Code	Coverage Starts	Coverage Ends	Premium
<input checked="" type="checkbox"/> JOHN J DOE	DELTA DENTAL	DENTAL ENHANCED	SINGLE	8/1/2022	1/31/2024	38.62
<input type="checkbox"/> JOHN J DOE	PRIORITY HEALTH	HMO TIER	SINGLE	8/1/2022	1/31/2024	686.35

CANCEL    CONFIRM

You cannot request to Remove/End Coverage for a prior period that has been paid.

Please make your selections and click on **“Confirm”**. You will then need to review the next statement and click on **“Agree”** to complete the request.

### Remove/End My Coverage

I agree that I am requesting to terminate my COBRA coverages as selected above. I agree that if I would like to rescind my cancellation request that I must do that within my grace periods to pay for coverage. Once I have gone beyond any grace periods, I understand that rescinding my cancellation may not be allowed. I understand that I am only able to cancel my COBRA coverage for the current month and retroactive terminations are not allowable.

As a reminder, if you choose to terminate your COBRA continuation coverage early with no special enrollment opportunity at that time, you generally will have to wait to enroll in other coverage until the next open enrollment period for the new group health plan or the Marketplace.

The above notice should not be construed as legal advice nor should it be relied upon. You should always seek your own legal counsel for advice regarding any decision to terminate or change your medical coverage or your Cobra rights.

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If you have set up recurring payments, please click on **Cancel Paymentus Payments**.

If you need assistance, please reach out to our Support Team by calling 800-594-6957 or email, [QBmail@isolvedhcm.com](mailto:QBmail@isolvedhcm.com).