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COVID-19 Contract Extension Election Form

For Small Groups and BANN MEWA clients

With renewal dates between May 1, 2020 and September 1, 2020

“Group” Name:

Group Authorized Representative

Name:

Phone Number:

Email:

Renewal Date
(select one)

Current Date:

New Date:

Election Due Date:

May 1
Aug 1

Jun 1
Sep 1

Jul 1
Oct 1

Aug 1
Nov 1

Sep 1
Dec 1

Apr 6

May 5

Jun 5

Jul 6

Aug 5

This COVID-19 Contract Extension Election Form (“Election”) amends the Group Subscription Agreement for a Group Medical and Hospital Service Plan (“Agreement”) between Hometown Health Providers Insurance Company, Inc. and Hometown Health Plan, Inc. (collectively “Hometown Health”) and Group listed above.

By signing this Election, Group agrees that the term of Agreement is increased from twelve (12) months to fifteen (15) months. Group agrees to abide by the terms of the Agreement, associated Policy and currently selected plans and agrees to pay the premiums listed in the Agreement through this amended fifteen (15) month term. Group’s new renewal date will be the new renewal date selected above (subject to confirmation of the current renewal date as indicated in Hometown Health’s records). Group agrees that its next open enrollment period will be aligned with the new renewal date.

By signing this Election, I attest that I have the legal authority to sign on behalf of Group.

Authorized Company Representative Signature:

Date:

Making a genuine difference in the health and well-being of the people and communities we serve