

**FREE
HEALTH
INSURANCE!**

*¡Seguro médico
gratuito!*



How to Enroll for FREE COBRA: uhh.org/member

Member Portal

Many Fund participants already have a member portal account.

If they don't already have one, they can easily create one by clicking: "New User."

They will need:

1. Social Security or Tax ID #
2. Date of Birth
3. Email or Cell Phone #

Instructions on how to create a new Member Portal account are available on a downloadable flyer [here](#).



CAREERS >

LIBRARY >

EN | SP



Home | ABOUT US | PLANS ▾ | HEALTH CENTER ▾ | MEMBERS | PROVIDERS | EMPLOYERS | RESOURCES | CONTACT US |

Super Saver is temporarily suspended since free COBRA will be available through the American Rescue Plan Act. We are NOT accepting April Super Saver payments. Do not call Member Services. Visit www.uhh.org/rescue.

Member Portal

Your member portal allows you to view claims, eligibility, work history, and more!

I agree with [terms of use](#).

Login ↗

New User

Forgot Login Info

After logging into the portal...

Members will see this pop-up if they are eligible to enroll in FREE COBRA.

They simply need to click on “Click here to get started.”

The screenshot displays the Unite Here Health portal interface. At the top left is the logo "UNITE HERE HEALTH". Below it is a navigation bar with a home icon, "FREE COBRA", and "ELIGIBILITY". A main content area contains a "PLEASE NOTE" section with text about records and a "Click 'GET FREE COBRA' to sign up!" instruction. Below this is a button labeled "GET FREE COBRA". At the bottom, there are five buttons: "Eligibility", "Work History", "Claims", "Deductible Totals", and "Payments". On the right side, there are links for "CAREERS" and "LIBRARY", language options "EN | SP", and social media icons for Facebook, LinkedIn, Twitter, and YouTube.

The "Free Health Insurance" pop-up window is centered on the screen. It features a header "Free Health Insurance" with a close button (X). The main content of the pop-up includes a banner image with the text "FREE HEALTH INSURANCE!" and "uhh.org/rescue". Below the banner, the text reads: "Our records show you may be eligible to enroll for 100% FREE COBRA included in the American Rescue Plan Act! You could get up to 6 months of FREE health insurance from April - September 2021. Fund health coverage would be the same as what you had before you lost health coverage (does not include Life/ADD and Short-term Disability)". A blue oval highlights the link "Click here to get started" at the bottom of the pop-up.

After logging into the portal...

Members can also get to enrollment by clicking on the green “GET FREE COBRA” button.

“FREE COBRA” is also available as a tab in the main navigation menu (red bar) at the top of every web page in the portal.

If a member believes they are eligible and they don’t see the pop up or green button, they should call our dedicated COBRA hotline at (855) 321-4373.

The screenshot displays the UNITE HERE HEALTH portal interface. At the top left is the logo. On the right, there are links for CAREERS and LIBRARY, social media icons for Facebook, LinkedIn, Twitter, and YouTube, and language options EN | SP. A red navigation bar contains a home icon, a search icon, and menu items: FREE COBRA (circled in blue), ELIGIBILITY, WORK HISTORY, CLAIM STATUS, PAYMENTS, and MORE. Below the navigation bar is a light pink notification box with the text: "If you have coverage through the COBRA subsidy, you do NOT need to request a new ID card. You can still use your current ID card." The main content area is divided into two sections: "Your Benefits" and "Your Information". Under "Your Benefits", there is a prominent green button labeled "GET FREE COBRA" (circled in blue), followed by five dark blue buttons: Eligibility, Work History, Claims, Deductible Totals, and Payments. Under "Your Information", there are four dark blue buttons: Update Your Profile, Request ID Card, Update Your Address, and Update Opt-In.

Members will next see this page

Members simply click "Next"

The screenshot shows a web page with a red navigation bar at the top containing links for 'FREE COBRA', 'ELIGIBILITY', 'WORK HISTORY', 'CLAIM STATUS', 'PAYMENTS', and 'MORE'. A user profile icon is on the right. Below the navigation bar, the page title is 'Free COBRA' and the contact number is '(855) 321-4373'. The main content area features a large blue banner with a life preserver. The banner text reads 'FREE HEALTH INSURANCE!' and 'uhh.org/rescue'. The life preserver has 'UNITE HERE HEALTH' written on it. Below the banner, a light blue box contains the following text: 'Our records show you may be eligible to enroll for 100% FREE COBRA included in the American Rescue Plan Act! You could get up to 6 months of FREE health insurance from April - September 2021. Fund health coverage would be the same as what you had before you lost health coverage (does not include Life/ADD and Short-term Disability). CLICK "NEXT" NOW TO GET STARTED!'. A blue button labeled 'Next' is circled in red. The footer includes the 'UNITE HERE HEALTH' logo, the text 'Visit: Culinary Health Fund', and a red 'UNITE HERE!' button.

Free COBRA Contact Us: (855) 321-4373

FREE HEALTH INSURANCE!

uhh.org/rescue

UNITE HERE HEALTH

Our records show you may be eligible to enroll for 100% FREE COBRA included in the American Rescue Plan Act! You could get up to 6 months of FREE health insurance from April - September 2021. Fund health coverage would be the same as what you had before you lost health coverage (does not include Life/ADD and Short-term Disability).
CLICK "NEXT" NOW TO GET STARTED!

Next

Visit:  **UNITE HERE!**

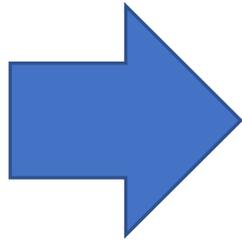
The enrollment form is all on one page

The form will take just 1-2 minutes to complete because we filled out a lot of the information based on our records, including dependent information if the member previously covered dependents.

The bulk of the form is 4 short questions.

At the end of the form, we ask members to type in their name to serve as their electronic signature.

Filling out this online version form (vs. filling it out on paper) gets the member eligibility quicker! It's also easier and more secure than mailing in paper forms.



UNITE HERE HEALTH

Request for **FREE COBRA** health insurance Contact Us: (855) 321-4373

Please fill out this form if you (and your dependent(s)) lost health coverage due to involuntary termination of employment or reduction in hours between Nov. 1, 2019 and Sept. 30, 2021. Filling out this form does not guarantee you will receive the FREE coverage (which is available by UHW and the Federal Government through the American Rescue Plan Act of 2021). This form takes only 1-2 minutes to complete because we filled out a lot of the information for you based on our records. Changes will not be saved so please make sure to fully complete and submit this form!

Member Information

Member Name:	Cimbek, Julie	SSN:	###-##-1157
Member ID:	1048734	Date of Birth:	09/12/1967

To qualify, you must be able to check "YES" for all statements:

- Yes No 1. I lost my job involuntarily or I had a reduction in hours.
- Yes No 2. I elected (or am electing) COBRA continuation coverage.
- Yes No 3. I am NOT eligible for other group health plan coverage. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE SURE! DO NOT CHECK "GROUP HEALTH PLAN COVERAGE!")
- Yes No 4. I am NOT eligible for Medicare. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE SURE! DO NOT CHECK "MEDICARE!")

IMPORTANT
You MUST notify UNITE HERE HEALTH if you (or your dependent(s)) become eligible for other group health plan coverage or Medicare, even if you do not sign up for that coverage. If you don't, you may be subject to a late penalty.

Reminders:
You (and your dependent(s)) may be eligible for up to 6 months of FREE health coverage through the COBRA authority in the American Rescue Plan Act of 2021 if you:
• Lost coverage due to involuntary loss of job or reduced hours between November 1, 2019 and March 31, 2021 OR
• Became entitled to COBRA coverage due to involuntary job loss or reduced hours between April 1, 2021 and September 30, 2021
Also, if you were eligible for COBRA but did not elect COBRA continuation coverage, OR you elected it but stopped it, you may have an extra 60 days to elect it (an additional election period of at least 60 days).

To the best of my knowledge and belief, all of the answers I have provided on this form are true and correct and I agree to notify the Plan if I become eligible for other group health plan coverage or Medicare.

Employee Electronic Signature Date: 04/20/2021
Typing my name above serves as my signature.

Adult Dependents (Spouse and Children age 18 years and older)

Adult dependent(s) must fill out this section.

Dependent Information

Dependent Name:	Cimbek, Jordan	SSN:	###-##-2126
Relationship:	Spouse	Date of Birth:	10/21/1990

To qualify for dependent coverage, you must be able to check "YES" for all statements:

- Yes No 1. I elected (or am electing) COBRA continuation coverage.
- Yes No 2. I am NOT eligible for other group health plan coverage. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE SURE! DO NOT CHECK "GROUP HEALTH PLAN COVERAGE!")
- Yes No 3. I am NOT eligible for Medicare. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE SURE! DO NOT CHECK "MEDICARE!")
- Yes No 4. I lost my UHW coverage because my parent, guardian, or spouse lost their job involuntarily or had a reduction in their hours.

Questions?
For questions call (855) 321-4373

Submit

Zooming into each section on the page...

Members will be notified to be sure to fully complete the form and click on “Submit” at the bottom of the page.

The screenshot shows the top navigation bar of the UNITE HERE HEALTH website. The logo is on the left, and on the right, there is a search bar, links for CAREERS and LIBRARY, language options (EN | SP), and social media icons for Facebook, LinkedIn, Twitter, and YouTube. Below the navigation bar is a red menu bar with links: HOME, FREE COBRA, ELIGIBILITY, WORK HISTORY, CLAIM STATUS, PAYMENTS, and MORE. The main content area features a heading "Request for FREE COBRA health insurance" and a contact number "(855) 321-4373". A light blue box contains the following text: "Please fill out this form if you (and your dependents) lost health coverage due to involuntary termination of employment or reduction in hours between Nov. 1, 2019 and Sept. 30, 2021. Filling out this form does not guarantee you will receive the FREE coverage (made available by UHH and the Federal Government through the American Rescue Plan Act of 2021). This form takes only 1-2 minutes to complete because we filled out a lot of the information for you based on our records! Changes will not be saved so please make sure to fully complete and submit this form!"

Zooming into each section on the page...

Member's demographic information will be pre-populated.

Members must answer all four questions with Yes or No.

Member Information

Member Name :

SSN :

Member ID :

Date of Birth :

To qualify, you must be able to check "YES" for all statements:

Yes No

1. I lost my job involuntarily or I had a reduction in hours.

Yes No

2. I elected (or am electing) COBRA continuation coverage.

Yes No

3. I am NOT eligible for other group health plan coverage. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR OTHER GROUP HEALTH PLAN COVERAGE.)*

Yes No

4. I am NOT eligible for Medicare. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR MEDICARE.)*

*Eligibility for other group health plan coverage does not include any time spent in a waiting period. *If you are eligible for Medicare, you don't for Free COBRA through the Rescue Act, but you could still continue your coverage with the Fund at no cost to you if you complete and submit this form.

Zooming into each section on the page...

Members will read the important reminders and then type their name as their electronic signature.

Member must be sure to click on "Submit"!

IMPORTANT

You MUST notify UNITE HERE HEALTH if you (or your dependents) become eligible for other group health plan coverage or Medicare, even if you do not sign up for that coverage. If you don't, you may be subject to a tax penalty.

Reminders:

You (and your dependents) may be eligible for up to 6 months of FREE health coverage through the COBRA subsidy in the American Rescue Plan Act of 2021 if you:

- Lost coverage due to involuntary loss of job or reduced hours between November 1, 2019 and March 31, 2021 OR
- Become entitled to COBRA coverage due to involuntary job loss or reduced hours between April 1, 2021 and September 30, 2021

Also, if you were eligible for COBRA but did not elect COBRA continuation coverage, OR you elected it but stopped it, you may have an extra 60 days to elect it (an additional election period of at least 60 days.)

To the best of my knowledge and belief, all of the answers I have provided on this form are true and correct and I agree to notify the Plan if I become eligible for other group health plan coverage or Medicare.

Employee Electronic Signature **Date**
04/20/2021

Typing my name above serves as my signature

[Questions?](#)

For questions call (855) 321-4373

Confirmation page

Member will see an enrollment confirmation message that they can print out.

They will see important information, including that their coverage will be reflected in the portal in 24-48 hours.



CAREERS

LIBRARY

EN | SP



Home | FREE COBRA | ELIGIBILITY | WORK HISTORY | CLAIM STATUS | PAYMENTS | MORE

You've been enrolled in FREE COBRA.

Contact Us: (855) 321-4373

Congratulations! You're enrolled for 100% FREE COBRA, which provides you with health coverage through UNITE HERE HEALTH effective April 01, 2021.

- Coverage will be the same as what you had before you lost coverage(does not include Life/ADD and Short - term Disability). If you have questions about this coverage, please do not call. Everything is available here in your member portal.For details about this FREE COBRA benefit, visit: www.uhh.org/rescue.
- You can use your existing medical ID cards. If you recently lost coverage, you will get new ID cards in the mail.
- There's no need to call! Your eligibility will be processed and reflected here in the Member Portal in 24-48 hours.
- Your coverage is effective April 01, 2021 and you may be able to continue that coverage for FREE through September 30, 2021. When your FREE COBRA coverage ends, we'll let you know of your options by mail.
- Come back to the Member Portal for continuously updated benefits information!
- Don't forget! You must notify UNITE HERE HEALTH if you (or your dependents) become eligible for other group health plan coverage or Medicare, even if you do not sign up for that language. If you don't, you may be subject to a tax penalty. For instructions on how to notify the Fund, visit www.uhh.org/rescue.

Back

Print

Visit :



UNITEHERE!

Printed confirmation page

Members can either save this as PDF or print it at home if they have the capability.

They can also simply take a screenshot if they wish to have something for their records.

1048176_AttestationFormConfirmation x +

v.uniteherehealth.org/WebPortal/Form/FormAttestationConfirmationPrint?formID=5093

4/15/2021 1048176_AttestationFormConfirmation

You've been enrolled in FREE COBRA. Contact Us: (855) 321-4373

Member Name:
Member ID:
Date:

Congratulations! You're enrolled for 100% FREE COBRA, which provides you with health coverage through UNITE HERE HEALTH effective April 01, 2021.

- Coverage will be the same as what you had before you lost coverage(does not include Life/ADD and Short - term Disability). If you have questions about this coverage, please do not call. Everything is available here in your member portal. For details about this FREE COBRA benefit, visit: www.uhh.org/rescue (<https://www.uhh.org/rescue>).
- You can use your existing medical ID cards. If you recently lost coverage, you will get new ID cards in the mail.
- There's no need to call! Your eligibility will be processed and reflected here in the Member Portal in 24-48 hours.
- Your coverage is effective April 01, 2021 and you may be able to continue that coverage for FREE through September 30, 2021. When your FREE COBRA coverage ends, we'll let you know of your options by mail.
- Come back to the Member Portal for continuously updated benefits information!
- Don't forget! You must notify UNITE HERE HEALTH if you (or your dependents) become eligible for other group health plan coverage or Medicare, even if you do not sign up for that language. If you don't, you may be subject to a tax penalty. For instructions on how to notify the Fund, visit www.uhh.org/rescue (<https://www.uhh.org/rescue>).

<https://adappdev.uniteherehealth.org/WebPortal/Form/FormAttestationConfirmationPrint?formID=5093> 1/1

Print 1 sheet of paper

Destination Lexmark S300-S400 S

Pages All

Copies 1

Layout Portrait

Color Color

More settings

Print Cancel

If a member answers No to the last question....

If a member is eligible for Medicare because they are 65 or older, but they meet the other requirements for FREE COBRA, they can get secondary coverage paid for by the Fund. Members need to click "Yes" in this pop-up to enroll in that coverage.

Request for FREE COBRA health insurance Contact Us: (855) 321-4373

Please fill out this form if you (and your dependent) are between Nov. 1, 2019 and Sept. 30, 2021.
Filling out this form does not guarantee you will be eligible for COBRA coverage through the American Rescue Plan Act of 2021.
This form takes only 1-2 minutes to complete and submit this form!

You are NOT Eligible for COBRA Subsidy X

You are not eligible for FREE COBRA through the American Rescue Plan Act, but if you'd like to continue your secondary coverage with the Fund at no cost to you, click YES and make sure to complete and submit this form. Be sure to read more about how Medicare and COBRA work together. We have frequently asked questions (FAQs) for you at www.uhh.org/rescue.

Member Information

Member Name :
Member ID :

To qualify, you must be able to check "YES" for all statements:

Yes No 1. I lost my job involuntarily or I had a reduction in hours.

Yes No 2. I elected (or am electing) COBRA continuation coverage.

Yes No 3. I am NOT eligible for other group health plan coverage. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR OTHER GROUP HEALTH PLAN COVERAGE.)*

Yes No 4. I am NOT eligible for Medicare. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR MEDICARE.)*

*Eligibility for other group health plan coverage does not include any time spent in a waiting period. *If you are eligible for Medicare, you don't for Free COBRA through the Rescue Act, but you could still continue your coverage with the Fund at no cost to you if you complete and submit this form.

If a member answers No to questions 1-3...

If a member does not qualify for FREE COBRA for another reason (such as they are eligible for other group health plan coverage), they will receive a message that they are not eligible for FREE COBRA based on their answers.

Members can click “Back” if they made a mistake and need to correct an answer.

Member Information

Member Name :

SSN :

Member ID :

Date of Birth :

To qualify, you must be able to check "YES" for all statements:

- Yes No 1. I lost my job involuntarily or I had a reduction in hours.
- Yes No 2. I elected (or am electing) COBRA continuation coverage.
- Yes No 3. I am NOT eligible for other group health plan coverage. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR OTHER GROUP HEALTH PLAN COVERAGE.)*
- Yes No 4. I am NOT eligible for Medicare. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR MEDICARE.)*

*If you are eligible for Medicare, you don't qualify for free COBRA through the Rescue Act, but you could still continue your coverage with the Fund at no cost to you if you complete and submit this form. Eligibility for other coverage does not include any time spent in a waiting period.



CAREERS >

LIBRARY >

EN | SP



[Home](#) | [FREE COBRA](#) | [ENROLLMENT](#) | [ELIGIBILITY](#) | [WORK HISTORY](#) | [PAYMENTS](#) ▾ | [MORE](#) ▾

You are NOT Eligible for COBRA Subsidy

Contact Us: (855) 321-4373

Based on your answers, you do not qualify for 100% FREE COBRA available through the American Rescue Plan Act of 2021. Click "BACK" if you made a mistake and need to change one of your answers.

Back

If a member had dependents on their plan...

If a member had dependents covered under their plan when the member lost coverage, the dependents' demographic information will be pre-populated.

Members need to type their name as the electronic signature for any minor dependents.

Minor Dependents

Dependent Information

[DependentName] :

SSN :

Relationship :

Date of Birth :

To qualify for dependent coverage, you must be able to check "YES" for all statements:

- Yes No 1. I elected (or am electing) COBRA continuation coverage.
- Yes No 2. I am NOT eligible for other group health plan coverage. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR OTHER GROUP HEALTH PLAN COVERAGE.)*
- Yes No 3. I am NOT eligible for Medicare. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR MEDICARE.)*
- Yes No 4. I lost my UHH coverage because my parent, guardian, or spouse lost their job involuntarily or had a reduction in their hours.

*Eligibility for other group health plan coverage does not include any time spent in a waiting period. *If you are eligible for Medicare, you don't for Free COBRA through the Rescue Act, but you could still continue your coverage with the Fund at no cost to you if you complete and submit this form.

To the best of my knowledge and belief, all of the answers I have provided on this form are true and correct and I agree to notify the Plan if I become eligible for other group health plan coverage or Medicare.

Employee Electronic Signature

Typing my name above serves as my signature

Date

04/20/2021

If a member had adult dependents on their plan...

Adult dependents (spouse or children over age 18) must complete the form themselves and sign their own name as the electronic signature.

Adult Dependents (Spouse and Children age 18 years and older)

Adult dependent(s) must fill out this section.

Dependent Information

[DependentName] :

SSN :

Relationship :

Date of Birth :

To qualify for dependent coverage, you must be able to check "YES" for all statements:

- Yes No 1. I elected (or am electing) COBRA continuation coverage.
- Yes No 2. I am NOT eligible for other group health plan coverage. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR OTHER GROUP HEALTH PLAN COVERAGE.)*
- Yes No 3. I am NOT eligible for Medicare. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR MEDICARE.)*
- Yes No 4. I lost my UHH coverage because my parent, guardian, or spouse lost their job involuntarily or had a reduction in their hours.

*Eligibility for other group health plan coverage does not include any time spent in a waiting period. *If you are eligible for Medicare, you don't for Free COBRA through the Rescue Act, but you could still continue your coverage with the Fund at no cost to you if you complete and submit this form.

To the best of my knowledge and belief, all of the answers I have provided on this form are true and correct and I agree to notify the Plan if I become eligible for other group health plan coverage or Medicare.

Dependent Electronic Signature

Typing my name above serves as my signature

Date

04/20/2021

If a member doesn't qualify but their adult dependents qualify...

If adult dependents (spouse or children over age 18) qualify, but the employee does not, the employee should STILL make sure the form is fully completed and submitted.

Member Information

Member Name :
Member ID :

SSN :
Date of Birth :

To qualify, you must be able to check "YES" for all statements:

- Yes No 1. I lost my job involuntarily or I had a reduction in hours.
- Yes No 2. I elected (or am electing) COBRA continuation coverage.
- Yes No 3. I am NOT eligible for other group health plan coverage. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR OTHER GROUP HEALTH PLAN COVERAGE.)*
- Yes No 4. I am NOT eligible for Medicare. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR MEDICARE.)*

*If you are eligible for Medicare, you don't qualify for free COBRA through the Rescue Act, but you could still continue your coverage with the Fund at no cost to you if you complete and submit this form. Eligibility for other coverage does not include any time spent in a waiting period.

Adult Dependents (Spouse and Children age 18 years and older)

Adult dependent(s) must fill out this section.

Dependent Information

[DependentName] :
Relationship :

SSN :
Date of Birth :

To qualify for dependent coverage, you must be able to check "YES" for all statements:

- Yes No 1. I elected (or am electing) COBRA continuation coverage.
- Yes No 2. I am NOT eligible for other group health plan coverage. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR OTHER GROUP HEALTH PLAN COVERAGE.)*
- Yes No 3. I am NOT eligible for Medicare. (Click Yes if this statement is true for you. Click No ONLY IF YOU ARE ELIGIBLE FOR MEDICARE.)*
- Yes No 4. I lost my UHH coverage because my parent, guardian, or spouse lost their job involuntarily or had a reduction in their hours.

*Eligibility for other group health plan coverage does not include any time spent in a waiting period. *If you are eligible for Medicare, you don't for Free COBRA through the Rescue Act, but you could still continue your coverage with the Fund at no cost to you if you complete and submit this form.

To the best of my knowledge and belief, all of the answers I have provided on this form are true and correct and I agree to notify the Plan if I become eligible for other group health plan coverage or Medicare.

Dependent Electronic Signature

Typing my name above serves as my signature

Date
04/20/2021

If a member doesn't qualify but their adult dependents qualify...

Afterwards, a notice will be displayed instructing adult dependents to come back to the Member Portal in 2 business days.

At that time, adult dependents should create their own Member Portal account and enroll in FREE COBRA.

If they need assistance, they can call our dedicated COBRA hotline at (855) 321-4373.

You are NOT Eligible for COBRA Subsidy

Contact Us: (855) 321-4373

You are not eligible for FREE COBRA through the American Rescue Plan Act, but if you'd like to continue your coverage for dependents with the Fund at no cost to you, come back to the Member Portal in 2 business days. Each adult dependent (age 18 years and older) must create their own Member Portal account and enroll for FREE COBRA.

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FREE COBRA Resources

Here are resources for you and members.

There's also a union toolkit for sample texts and emails and more at www.uhh.org/rescuekit



The screenshot shows the Unite Here Health website. At the top left is the logo "UNITE HERE HEALTH" with a stylized person icon. To the right is a search bar and navigation links for "CAREERS" and "LIBRARY", along with social media icons for Facebook, LinkedIn, and Twitter. Below this is a red navigation bar with links: "HOME", "ABOUT US", "PLANS", "HEALTH CENTERS", "MEMBERS", "PROVIDERS", "EMPLOYERS", "RESOURCES", "CONTACT US", and "EN ESPAÑOL". The main banner features an orange life preserver on a blue water background with the text "FREE HEALTH INSURANCE through the American Rescue Plan Act of 2021". Below the banner, the text reads "Free Health Insurance April – September 2021". A paragraph explains that individuals who lost health coverage due to involuntary termination or reduction in hours may be eligible for free health coverage. A blue link is provided: "Click here to view more frequently asked questions about 100% FREE COBRA". Three FAQ sections are visible: "How/when do I sign up?", "How will I know when it's time to enroll?", and "What should I do now?".

uhh.org/rescue

| (855) 321-4373