Northwest Carpenters Health and Security Plan

COBRA Application For 36-Month Qualifying Event

Washington

- Please complete this application in its entirety and return it to Northwest Carpenters Trusts. You must include a copy of your divorce decree or legal separation agreement, if applicable.
- Enclose a check or money order made payable to "Northwest Carpenters Trusts."
- Your completed application must be received within 60 days of the later of (1) termination of coverage under the Northwest Carpenters Health and Security Plan, or (2) the date this application was sent to you by Northwest Carpenters Trusts.
- If your eligible children live at a separate address, please contact Northwest Carpenters Trusts so Northwest Carpenters Trusts can send them a separate notice of their continuation rights.
- Northwest Carpenters Trusts will notify you, in writing, of the acceptance or denial of your application.

Participant's Name **SSN**

Qualified Beneficiary Information **Date of Notice:** 03/07/2024

Name: Last, First, Middle Social Security Number

Mailing Address Street City State Zip

Telephone Number Date of Birth Marital Status ☐ Single ☐ Married ☐ Divorced

( )

Eligible Dependents (List Dependent's Legal Name): Date of Birth Relationship

Entitlement to COBRA Coverage

As explained in the *COBRA Coverage Election Notice* accompanying this application, coverage for you and your qualified beneficiaries may be extended under the Northwest Carpenters Health and Security Plan for a period not to exceed 36 months from the date eligibility terminated due to one of the qualifying events below. Please check the appropriate qualifying event:

☐ Your divorce or legal separation
☐ Your spouse's death
☐ Your dependent child's loss of eligibility

Choice of Benefits and Monthly Amount

The initial payment must be made within 45 days from the date you elect COBRA Coverage (the application date). The initial payment covers the number of months from the date coverage would otherwise have terminated, including the month in which the initial payment is made. Thereafter, payments must be made monthly to continue coverage. Bills are mailed in the first week of the month for the following month's coverage. Payment is due, in full, upon receipt of the bill but not later than 30 days from the beginning of the month to be covered. **If you fail to make the initial payment, or any subsequent monthly payment, in a timely fashion, your coverage will terminate.**

You may elect COBRA Coverage for all covered family members, or each affected family member may decide independently whether to elect COBRA Coverage, including new qualified beneficiaries added while you are on COBRA Coverage. If you elect COBRA Coverage for yourself, you

(over, please)

automatically elect coverage for your family members, unless you state otherwise. If you or an eligible family member do not elect COBRA Coverage in a timely manner, plan coverage will end and may not be reinstated.

If you elect COBRA Coverage, you are entitled to the coverage provided under the plan to similarly situated employees or family members. If you are enrolled in both a medical and dental plan, you have the right to elect medical coverage only. However, dental coverage cannot be reinstated later. In addition, life insurance benefits are not available under COBRA, and time loss benefits are not available for any disability that begins while you are covered under COBRA.

There are two options to choose from (check one only). The rates for 2024 are:

☐ **Medical Benefits:** $1,289/month

☐ **Medical and Dental Benefits:** $1,389/month

Important: The accompanying *COBRA Coverage Election Notice* explains in detail your rights and responsibilities under the Trust's COBRA Coverage provisions. It provides additional information about the effect of your legal rights of not electing COBRA Coverage, what alternative coverage (if any) is available from the Trust and your notification obligations. All notices to Northwest Carpenters Trusts must be in writing, identifying you, the eligible participant, and must be sent to Northwest Carpenters Trusts:

2200 Sixth Avenue, Suite 300
Seattle, WA 98121-1839

COBRA Coverage Election Agreement

I have read this application and the *COBRA Coverage Election Notice* and understand my rights to elect COBRA Coverage. I understand that if I elect COBRA Coverage and I fail to make any payment on time, this coverage will terminate. **Important:** COBRA is provided subject to your eligibility. The plan reserves the right to terminate your COBRA Coverage retroactively if the qualified beneficiary is determined to be ineligible for coverage.

Signature: _____ Date: _____