

# Northwest Carpenters Health and Security Plan

PO Box 1929 Seattle, WA 98111

## Self-Contribution Coverage Extension

- Please complete this application in its entirety.
- Enclose a check or money order made payable to “Northwest Carpenters Trusts.”
- Forward your application and check to Northwest Carpenters Trusts. Your application and check must reach Northwest Carpenters Trusts before your eligibility terminates.
- Northwest Carpenters Trusts will notify you, in writing, of acceptance or denial of your application.

### Personal Information

Name: Last, First, Middle		Social Security Number		
_____		_____		
Mailing Address:	Street	City	State	Zip
_____		_____		
Telephone:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Land	Date of Birth	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
(     ) _____	_____			

### Reason For Applying

Self-Contribution Coverage is available for six months but can be renewed for an additional six months if you continue satisfying the necessary requirements. An extension under Self-Contribution Coverage includes only those benefits you and your dependents were eligible for during the first six months under Self-Contribution Coverage. Time loss benefits are not available for any disability that begins while you are eligible under Self-Contribution Coverage.

- Yes**, I am currently employed with the following contributing employer:  
Name of employer: \_\_\_\_\_ Telephone number: (     ) \_\_\_\_\_
- Yes**, I am still unemployed and on the out-of-work list at the Southwest Mountain States Regional Council of Carpenters or the regional council in the jurisdiction in which I am working and would like to extend participation under Self-Contribution Coverage for an additional period of time not to exceed six months.
- Yes**, I am still disabled and would like to extend participation under Self-Contribution Coverage for an additional period of time not to exceed six months. I am including my *Self-Contribution Coverage Certificate of Disability* with this application. **Important:** If you are retiring or your disability appears to be permanent, you may be eligible for disability retirement. Please contact Participant Services at Northwest Carpenters Trusts: (800) 552-0635.

(over, please)

## Disclosure and Signature

I read the *Self-Contribution Coverage Extension* and understand my rights to elect continuation coverage. I understand that payment is due upon receipt of the bill but not later than the 25th of the same month and that there is no grace period. I further understand that failure to make the necessary self-contribution payment terminates coverage. Self-Contribution Coverage is provided subject to my eligibility. The plan reserves the right to terminate my coverage retroactively if I am determined to be ineligible for coverage. However, I may elect COBRA when Self-Contribution Coverage terminates. Total coverage under Self-Contribution Coverage and COBRA cannot exceed 18 months, or 36 months in the case of a qualified beneficiary (spouse or dependent child) who has a second qualifying event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Self Contribution Coverage Extension (1/1/2024)