

Carpenters Health and Security Plan of Western Washington

COBRA Application

(11-Month Disability Extension – Employed Plan)

- Please complete this application in its entirety and return it to the Trust Office. You must include a copy of the *Social Security Disability Determination Notice*.
- Enclose a check or money order made payable to “Carpenters Trusts of Western Washington.” Please review the new rates on the reverse side of this application.
- Your completed application must be received within 30 days of the termination of the first 18 months of COBRA Continuation Coverage.
- The Trust Office will notify you, in writing, of the acceptance or denial of your application.

Qualified Beneficiary Information

Date of Notice

Participant’s Name: Last, First, Middle			Member Number	
Disabled Individual’s Name: Last, First, Middle			Social Security Number	
Home Address	Street	City	State	Zip
Telephone Number			Date of Birth	
() _____				
Eligible Dependents (List Dependent’s Legal Name)			Date of Birth	Relationship

11-Month Social Security Disability Extension

As described in the *General Notice of COBRA Continuation Coverage Rights* accompanying your original COBRA application, in the event of a reduction in hours of employment or termination of employment, COBRA Continuation Coverage can be extended if a qualified beneficiary is determined disabled by the Social Security Administration either before the 18-month qualifying event or within the first 60 days of COBRA coverage. In this situation, the disabled individual and all qualified beneficiaries are eligible to extend COBRA coverage an additional 11 months beyond the original 18, to a maximum of 29 months. The purpose of this extension is to allow the disabled person to continue COBRA coverage until he or she becomes entitled to Medicare. Only those dependents who were initially covered under COBRA and are currently covered under COBRA are eligible.

The Social Security Administration must make the final determination within the first 18 months of the COBRA continuation period and the qualified beneficiary ***must notify the Trust Office both within the 18-month period and within the 60 days of determination.*** To qualify for the extension, you must submit to the Trust Office a copy of the *Social Security Disability Determination Notice* within 60 days of the date of the notice and before the end of the 18-month COBRA coverage period. Thereafter, if there is a final determination of non-disability, the qualified beneficiary must notify the Trust Office within 30 days of that determination.

Choice of Benefits and Monthly Amount

Monthly contribution rates for coverage that includes the disabled individual during the additional 11 months are substantially higher than what you are currently paying. 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.***

If you elect this 11-month extension, you are entitled to the coverage currently provided to you under COBRA. However, if you currently have both medical and dental benefits, you have the right to elect medical coverage only. However, dental benefits cannot be reinstated later. Please check the box below that applies to your situation:

There are two options to choose from (check one only). If you elect to exclude dental benefits, these benefits cannot be reinstated later:

- Medical benefits*** \$957.00 per month
- Medical and dental benefits*** \$1,119.00 per month

Important: The accompanying *General Notice of COBRA Continuation Coverage Rights* explains in detail your rights and responsibilities under the Trust's COBRA Continuation of 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. This includes how to obtain an 11-month extension of COBRA Continuation Coverage if you or an eligible family member are determined disabled by the Social Security Administration. This includes notifying the Trust Office within 60 days of receiving your Disability Determination. It also includes information about your responsibility to notify the Trust Office within 60 days if a second qualifying event occurs while you are on COBRA. All notices to the Trust Office must be in writing, identifying you, the eligible participant and be sent to the Trust Office at the following address:

Carpenters Trusts of Western Washington
2200 Sixth Avenue, Suite 300
Seattle, WA 98121-1839

COBRA Continuation Coverage Election Agreement

I have read this application and the *General Notice of COBRA Continuation Coverage Rights* and understand my rights to elect COBRA Continuation Coverage. I understand that if I elect COBRA Continuation Coverage and I fail to make any payment on time, this coverage will terminate. I also agree to notify the Trust Office if I or any member of my family become covered under another group health plan or entitled to Medicare after the date of COBRA election. I also understand that the extended continuation will end the month that begins more than 30 days from the final determination that the qualified beneficiary is no longer disabled. ***Important:*** COBRA is provided subject to your eligibility. The plan reserves the right to terminate your COBRA Continuation Coverage retroactively if the qualified beneficiary is determined to be ineligible for coverage.

Signature: _____ Date: _____