

**MEMBER/QUALIFIED BENEFICIARY
NOTICE OF QUALIFYING EVENT**

MAIL TO:

Ms. Deborah Palmieri
Health Fund Administrator
Connecticut Carpenters Health Fund
10 Broadway
Hamden, CT 06518

Re: COBRA Notice of Qualifying Event

Dear Ms. Palmieri:

This Notice is to inform the Connecticut Carpenters Health Fund ("Plan") of the occurrence of the following event(s) [Check each that applies and provide the required information]:

- Divorce/Legal Separation:** Member and his/her spouse have or will become divorced or legally separated.

Date of Judgment of Divorce or Legal Separation: _____

Attach copy of Judgment of Divorce or Legal Separation

- Child no longer an Eligible Dependent:** A Child who was an Eligible Dependent no longer satisfies the Plan's definition of "Eligible Dependent".

Child's name: _____

Reason why Child is no longer an Eligible Dependent _____
(for example, gets married, attains age 19 and is no longer a full-time student, etc.)

Attach a copy of the Child's birth certificate

- Second Qualifying Event:** The following individuals are currently eligible for COBRA continuation coverage and, after COBRA coverage began, they experienced a second qualifying event, because of the Member's death, divorce or legal separation from the Member, or a child losing Eligible Dependent status.

State the second qualifying event: _____

Date of second qualifying event: _____

Attach relevant documentation (for example, death certificate, Divorce Judgment, etc.)

[] **Disability Determination:** The Social Security Administration has determined that the following individual is disabled.

Disabled individual's name: _____

Attach a copy of the Social Security Disability Award

[] **Loss of Disabled Status:** The Social Security Administration has determined that the following individual is no longer disabled.

Name of individual: _____

Attach a copy of the Social Security Administration's determination

Any questions regarding this Notice should be directed to the following individual:

Name: _____

Address: _____

Telephone: _____

Sincerely,

[Name of submitting individual]

Date

If different from the address above, please provide below the name and address for each individual named in this Notice.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____