

**NECA-IBEW WELFARE TRUST FUND
NOTIFICATION OF QUALIFYING EVENT**

If you want to preserve your right to elect COBRA, you or the qualified beneficiary may use this form to notify the NECA-IBEW Welfare Trust Fund within 60 days of when your coverage would end due to legal separation or divorce or your dependent child ceasing to have "dependent" status. You may use this form to notify the Fund Office of the member's death.

INFORMATION REGARDING MEMBER

Member's Name: _____

Member's Social Security Number: _____

Member's Address: _____

QUALIFYING EVENT

(Check One)

Member's death. Date of death _____ Spouse's name _____

Divorce or legal separation of member and spouse.

Date of divorce (separation) _____ Spouse's name _____

Names of Dependent Children losing coverage _____

Spouse's Address _____

Spouse's phone number _____

Please Note: all future COBRA correspondence relating to the divorce or legal separation will be sent only to the address shown above.

Dependent child's ceasing to qualify as a "dependent" child (age 19 or if a full-time student, the last day of the month they graduate, leave school or turn age 25) under the Plan.

Child's name _____ Child's date of birth _____

Child's address, if different _____

Child's phone number _____

Signature _____ Date _____