

NOTICE OF QUALIFYING EVENT Employee Benefits Plan (the Plan)

When to Use This Notice:

Use this Notice when any of the following events (called “qualifying events”) occurs:

- A spouse covered under the Plan becomes divorced or legally separated from the covered employee;
- A divorce or legal separation occurs subsequent to the covered employee’s anticipatory reduction or elimination of his or her spouse’s coverage; or
- A child covered under the Plan ceases to be a dependent under the terms of the Plan.

Deadline:

For Qualifying Events described above, notice must be furnished within 60 days of the latest occurring event set forth below:

- the qualifying event;
- the date on which the covered spouse or dependent child would lose coverage under the terms of the Plan as a result of the qualifying event.

How, When, and Where to Send Notices: You must mail or hand-deliver your notice to:

**COBRA Administrator
Trinity Marketing Services
PO Box 193
Marlton, NJ 08053**

However, if a different address for notices to the Plan appears in the Plan's most recent summary plan description, you must mail or hand-deliver your notice to that address (if you do not have a copy of the Plan's most recent summary plan description, you may request one from the Employer.

Your Notice must be in writing (using this form) and must be mailed or hand-delivered. Oral notice, including notice by telephone, is not acceptable. Electronic notices (including emailed or faxed notices) are not acceptable. If you mail your Notice, it must be postmarked on or before the deadline described above. If you hand-deliver your Notice, it must be received by the individual at the address specified above on or before the deadline described above.

Warning: If your Notice is late, or if it is not completed and provided to COBRA Administrator as described above, no qualified beneficiary will be offered the opportunity to elect COBRA coverage.

For more information about this Notice, the Plan's notice procedures, and your COBRA rights and obligations, consult the Plan's summary plan description and the Plan's COBRA initial notice. (You may obtain copies of these documents from the Employer and COBRA Administrator.)

Complete This Portion:

Identify the Covered Employee (the employee or former employee who is or was covered under the Plan):

Print name of covered employee:	Employee's Plan ID#:	Employee's date of birth:
Address of covered employee:		

Event Description (Check box 1 or 2 below and complete):

1. Qualifying Event is: Divorce Legal Separation	
Name of Spouse:	Spouse's Address:
If any child is losing coverage, name of child:	Child's Address: same as spouse's address other (enter here)
Date of divorce or legal separation:	
You must provide a copy of the decree of divorce or legal separation. Is a copy enclosed?	Yes No
If the spouse's coverage was reduced or eliminated, and later a divorce or legal separation occurred, you must provide evidence that the spouse's Plan coverage was eliminated or reduced in anticipation of the divorce or legal separation with this notice. Is such evidence enclosed?	Yes No N/A
2. Qualifying Event is: Child has ceased to be an eligible dependent under the Plan	
Name of Child:	Child's Address: same as employee's address other (enter here)
Reason child ceased to be eligible dependent [check one]: child attained age 26 other (explain)	
Date of event causing child's loss of dependent eligibility:	

Contact Information:

Print name of person signing this Notice:	I am the (check one): employee or former employee spouse or former spouse former dependent child other (explain)
Address: Same as employee's address above Same as spouse's address above Same as child's address above Other (enter here)	Telephone number: Email address:

Certification, Signature, and Date:

I certify that the above information is true and correct.

NAME: _____

Wet Signature: _____

Signature Date: _____

For Plan Use Only:

Date Notice received:	Date of postmark, if mailed:	
Attach original envelope with postmark	Yes	No (explain)
Divorce decree enclosed?	Yes No N/A	
Decree of legal separation enclosed?	Yes No N/A	
Satisfactory evidence that elimination or reduction of coverage was in anticipation of divorce or legal separation?	Yes No N/A	