

NOTICE OF DISABILITY

Tongass Timber Trust

INSTRUCTIONS:

Use this form when the Social Security Administration (SSA) has determined that a qualified beneficiary was disabled on any day of the first 60 days following a COBRA qualifying event that was the covered employee's (a) termination of employment or (b) reduction of hours. (**Note:** If SSA made the disability determination before the termination of employment or reduction of hours, you may still use this Notice of Disability to report the earlier disability determination, so long as the qualified beneficiary remains disabled and you provide this Notice of Disability by the deadline described below.)

Complete, date, sign, mail, hand-deliver, fax or e-mail this Notice of Notice of Disability to Tongass Timber Trust at:

Tongass Timber Trust 111 Stedman Street, Suite 200 Ketchikan, Alaska 99901 Attention: Notice of Disability	Fax: 907-225-5920 (include the words "Attention: Notice of Disability" in the fax cover sheet)	E-mail: afa@akforest.org (Attach a copy of the completed, signed and dated original. Include the words "Notice of Disability" in the subject line)
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You are not required to use this form of Notice of Disability.

Questions? Call Tongass Timber Trust at (907) 225-6114.

DEADLINE:

Complete and sign and mail, deliver, fax or email Notice within 60 days after the latest of (1) the date of SSA's disability determination, (2) the date of termination of employment or reduction of hours, or (3) the date on which the qualified beneficiary would lose coverage under the terms of the Trust plan as a result of the termination of employment or reduction of hours. Your Notice must also be mailed, delivered, faxed or emailed within 18 months after the termination of employment or reduction of hours. (If mailed, the postmark is the date of mailing.) If you fail to notify Tongass Timber Trust of a qualified beneficiary's disability within the 60-day period, all COBRA qualified beneficiaries lose their right to extend COBRA coverage beyond 18 months.

REQUIRED DOCUMENTATION:

You must include a copy of SSA's determination of disability with this Notice of Disability. If, however, you cannot provide a copy, complete, sign and mail, deliver, fax or email this Notice by the Deadline above. Tongass Timber Trust will contact you.

1. Identify the Employee

Print Name of Employee:	Address of Employee:
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2. Identify Initial Qualifying Event

Initial Qualifying Event was: <input type="checkbox"/> Termination of employment <input type="checkbox"/> Reduction in hours	Date of Initial Qualifying Event
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3. Identify Disabled Qualified Beneficiary

Name of Disabled Qualified Beneficiary	Address: <input type="checkbox"/> Same as employee's address <input type="checkbox"/> Different address (provide address)
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3. Identify All Other Qualified Beneficiaries (Attach Sheet with Additional Names if Necessary)

Print Name of Qualified Beneficiary	Address: <input type="checkbox"/> Same as employee's address <input type="checkbox"/> Different address (provide address)
Print Name of Qualified Beneficiary	Address: <input type="checkbox"/> Same as employee's address <input type="checkbox"/> Different address (provide address)

4. Social Security Administration Disability Determination

Date of SSA Disability Determination: _____

Date Qualified Beneficiary Became Disabled (according to SSA determination): _____

Has SSA subsequently determined that the qualified beneficiary is no longer disabled? Yes No

Have you enclosed a copy of SSA's Disability Determination Yes No

5. Certification, Signature, Date and Telephone Number

I certify that the above information is true and correct.

I am the: Employee or Former Employee Disabled Qualified Beneficiary Other Qualified Beneficiary Other (explain): _____

Signature	Print Name
Date	Telephone Number

FOR OFFICE USE ONLY

Social Security Administration determination of disability enclosed? Yes No

Notice was Mailed Delivered Faxed Emailed Kept with Notice Envelope Fax Cover Sheet Email

Date of Postmark, Delivery, Fax or Email: _____, 20_____ Was Notice timely? Yes No