

NOTICE OF QUALIFYING EVENT

Tongass Timber Trust

INSTRUCTIONS:

Use this Notice of Qualifying Event when any of the following events occur:

- A spouse covered under the Plan has divorced from the covered employee.
- A spouse whose Plan coverage was eliminated or reduced in anticipation of divorce divorces the covered employee.
- A child covered under the Plan has ceased to be a dependent under the terms of the Plan.

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

Tongass Timber Trust
111 Stedman Street, Suite 200
Ketchikan, Alaska 99901
Attention: Notice of Qualifying
Event

Fax: 907-225-5920
(include the words "Attention:
Notice of Qualifying Event" 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 Qualifying
Event" in the subject line)

You are not required to use this form of Notice of Qualifying Event

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

DEADLINE:

Mail, fax or email this Notice within 60 days after the later of (1) the date of Event you identify in Event Description below or (2) the date on which the covered spouse or dependent child would lose coverage under the terms of the Tongass Timber Trust plan as a result of the Event. (If mailed, the postmark is the date of mailing.) If you fail to mail, deliver, fax or email this Notice within the 60-day period, the spouse and dependent child(ren) lose their right to elect COBRA coverage.

1. Identify the Employee

Print Name of Employee:

Address of Employee:

2. Event Description (Check Box A or B and complete)

A. Employee and spouse divorced

Date of divorce:

Print name of spouse:

Address of spouse:

B. Employee's child ceased to be an eligible dependent under the Tongass Timber Trust plan

Reason child ceased to be eligible dependent (check one): Attained age _____ Other (explain):

Print name of child:

Date child ceased to be dependent (for example, date
attained age):

Address of child: Same as employee's address Different address (provide address below)

3. Certification, Signature, Date and Telephone Number

I certify that the above information is true and correct.

I am the (check one): Employee Spouse or former spouse Former dependent child Other (explain below)

Signature

Print Name

Date

Telephone Number

FOR OFFICE USE ONLY

Notice was Mailed Delivered Faxed Emailed

Date of Postmark, Delivery, Fax or Email: _____, 20_____

Was Notice timely? Yes No

Kept with Notice Envelope Fax Cover Sheet Email