

NOTICE OF DISABILITY

Form and Notice Procedures

This form (including the Notice Procedures for Notice of Disability appearing at the end of this form) is part of the Plan's COBRA initial notice and also part of the Plan's COBRA election notice (for 18-month qualifying events). For more information about this form, the Plan's notice procedures, and your COBRA rights and obligations, consult the Plan's summary plan description and the other provisions of the Plan's COBRA initial notice and election notice (for 18-month qualifying events). You may also obtain copies of these documents from your employer or MEBS.

When to Use This Form

Use this form when the Social Security Administration has determined that a qualified beneficiary was disabled at any time during the first 60 days following a qualifying event that was the covered employee's termination of employment or reduction of hours. (NOTE: If the Social Security Administration made the disability determination before the covered employee's termination of employment or reduction of hours, you may still use this form 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.)

Deadline

The deadline for providing this Notice of Disability is 60 days after the latest of (1) the date of the Social Security Administration's disability determination; (2) the date of the covered employee's termination of employment or reduction of hours; and (3) the date of which the qualifying beneficiary would lose coverage under the terms of the Plan as a result of the termination of employment or reduction of hours. Your Notice of Disability must also be provided within 18 months after the covered employee's termination of employment or reduction of hours.

Notice Procedures

You must follow the Notice Procedures for Notice of Disability as it appears below.

WARNING: If your notice is late, or if it is not completed and provided to your employer as described in the Notice Procedures for Notice of Disability appearing at the end of this form, no extended COBRA coverage will be available to any qualified beneficiary.

Notice Procedures for Notice of Disability

How to Provide Notice of Disability

You must mail or hand-deliver this notice to your employer, as stated at the front of your most recent summary plan description.

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 (including e-mailed or faxed) notices are not acceptable. If mailed, your notice must be postmarked no later than the deadline described on the first page of this Notice of Disability form. If hand-delivered, your notice must be received by the employer indicated in your summary plan description no later than the deadline described on the first page of this form.

Required Form and Information for Notice of Disability

You must use this form of Notice of Disability to notify the employer (as indicated in your summary plan description) of a qualified beneficiary's disability, and all of the applicable items on the form must be completed.

Your Notice of Disability must include a copy of the Social Security Administration's determination of disability.

Incomplete Notice of Disability

If you provide a written notice to your employer (indicated in your summary plan description) that does not contain all of the information and documentation required by these Notice Procedures for Notice of Disability, such a notice will nevertheless be considered timely if all of the following conditions are met:

- the notice is mailed or hand-delivered to the individual and address indicated in your summary plan description;
- the notice is provided by the deadline described on the first page of this form;
- from the written notice provided, the employer is able to determine that the notice relates to the Plan and a qualified beneficiary's disability;
- from the written notice provided, the employer is able to identify the covered employee and qualified beneficiary(ies) and the fact that the Social Security Administration determination of disability was made and the date of that determination; and
- the notice is supplemented in writing with the additional information and documentation necessary to meet the Plan's requirements (as described in these Notice Procedures for Notice of Disability) within 15 business days after a written or oral request from the employer for more information (or, if later, by the deadline for this Notice of Disability described on the first page of this notice).

If any of these conditions are not met, the incomplete notice will be rejected and COBRA will not be extended. If all of these conditions are met, the Plan will treat the notice as having been provided on the date that the Plan receives all of the required information and documentation but will accept the notice as timely.

Who May Provide Notice of Disability

The covered employee (i.e. the employee or former employee who is or was covered under the Plan), a qualified beneficiary who lost coverage due to the covered employee's termination or reduction of hours and is still receiving COBRA coverage, or a representative acting on behalf of either may provide the notice. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who may be entitled to an extension of the maximum COBRA coverage period due to the disability reported in the notice.

Complete This Portion

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

Name of Employee (please print): _____

Address of Employee: _____

Identify Qualifying Event (the event that started your COBRA coverage)

- Termination of employment Reduction of hours

Date of initial qualifying event _____

Identify All Qualified Beneficiaries (Print name(s) of all qualified beneficiaries who lost coverage due to the initial qualifying event and who are still receiving COBRA coverage now.)

Address of each qualified beneficiary: Same as employee's address Different address (provide address)

Identify Disabled Qualified Beneficiary:

Print Name of disabled qualified beneficiary: _____

Address of disabled qualified beneficiary: Same as employee's address Different address (provide address)

Social Security Administration's Determination of Disability:

Date of Social Security Administration's determination: _____

Is a copy of the Social Security Administration's determination enclosed with this notice? Yes No

Date that disabled qualified beneficiary became disabled (according to Social Security Administration determination):

Has the Social Security Administration subsequently determined that the qualified beneficiary is no longer disabled?

- Yes No

Certification, Signature, and Date:

I certify that the above information is true and correct. I am the (check one):

- employee or former employee spouse or former spouse disabled qualified beneficiary

other (explain) _____

Signature _____

Address _____

Print Name _____

Telephone Number _____

Date: _____