

NOTICE OF SECOND QUALIFYING EVENT

Form and Notice Procedures

This form (including the Notice Procedures for Notice of Second Qualifying Event 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 Notice of Second Qualifying Event when any of the following events (second qualifying events) occurs:

- A spouse who is receiving COBRA coverage becomes divorced or legally separated from the covered employee;
- A child who is receiving COBRA coverage ceases to be a dependent under the terms of the Plan; or
- The covered employee dies while one or more qualified beneficiaries are receiving COBRA coverage.

Deadline

The deadline for providing this Notice of Second Qualifying Event is 60 days after the later of (1) the date of the second qualifying event; and (2) the date on which the covered spouse or dependent child would lose coverage under the terms of the Plan as a result of the second qualifying event (if this event had occurred while the qualified beneficiary was still covered under the Plan).

Notice Procedures

You must follow the Notice Procedures for Notice of Second Qualifying Event 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 Second Qualifying Event appearing at the end of this form, no extended COBRA coverage will be available to any qualified beneficiary.

Notice Procedures for Notice of Second Qualifying Event

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 Second Qualifying Event 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 Second Qualifying Event

You must use this form of Notice of Second Qualifying Event to notify the employer (as indicated in your summary plan description) of a second qualifying event (i.e. a divorce or legal separation, the covered employee's death, or a child's loss of dependent status), and all of the applicable items on the form must be completed. If you are notifying the employer of a divorce or legal separation, your notice must include a copy of the decree of divorce or legal separation.

Incomplete Notice Second Qualifying Event

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 Second Qualifying Event, 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;
- from the written notice provided, the employer is able to identify the covered employee and qualified beneficiary(ies) the second qualifying event, and the date on which the second qualifying event occurred; 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 Second Qualifying Event) 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 Second Qualifying Event 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 Second Qualifying Event

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 second qualifying event reported in the notice.

Additional Evidence of Date of Second Qualifying Event May Be Required

If your notice was regarding a child's loss of dependent status, you must, if the employer requests it, provide documentation of the date of the qualifying event that is satisfactory to the employer (for example, a birth certificate to establish the date that a child reached the limiting age, a marriage certificate to establish the date that a child married, or a transcript showing the last date of enrollment in an educational institution). This will allow the employer to determine if you gave timely notice of the second qualifying event and were consequently entitled to an extension of COBRA coverage. If you do not provide satisfactory evidence within 15 business days after a written or oral request from the employer that the child ceased to be a dependent on the date specified in your Notice of Second Qualifying Event, his or her COBRA coverage may be terminated (retroactively, if applicable) as of the date that COBRA coverage would have ended without an extension due to loss of dependent status. The employer will require repayment to the Plan of all benefits paid after the termination date.

If your notice was regarding the death of the covered employee, you must, if the employer requests it, provide documentation of the date of death that is satisfactory to the employer (for example, a death certificate or published obituary). This will allow the employer to determine if you gave timely notice of the second qualifying event and were consequently entitled to an extension of COBRA coverage. If you do not provide satisfactory evidence within 15 business days after a written or oral request from the employer that the date of death was the date specified in your Notice of Second Qualifying Event, the COBRA coverage of all qualified beneficiaries receiving an extension of COBRA coverage as a result of the covered employee's death may be terminated (retroactively, if applicable) as of the date that COBRA coverage would have ended without an extension due to the covered employee's death. The employer will require repayment to the Plan of all benefits paid after the termination date.

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 Initial 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 Second Qualifying Event (check one and complete):

Second Qualifying Event – Employee and spouse (check one) divorced legally separated

Print name of spouse: _____

Address of spouse: _____

Date of divorce or legal separation: _____

Is a copy of the decree of divorce or legal separation enclosed with this notice? Yes No

Second Qualifying Event – Employee's child ceased to be an eligible dependent under the Plan

Print name of child: _____

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

Reason child ceased to be eligible dependent (check one): attained age _____ lost student status

married other (explain) _____

Date of event causing loss of dependent eligibility _____

Second Qualifying Event – Death of covered employee

Date of employee's death _____

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: _____