WMI TPA

Notice of Qualifying Event

Instructions:

This form is to be used to notify the employer plan sponsor (*i.e.*, Plan Administrator) of a qualifying event that entitles a qualified beneficiary to elect or continue coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"). The qualified beneficiary is encouraged to send a copy of this notice to the appropriate benefit administrator (*i.e.*, WMI TPA, Inc.) at the same time the notice is sent to the Plan Administrator.

Please complete, date, sign and mail this Notice of Qualifying Event to both the Plan Administrator and the benefit administrator when any of the following events occurs. Please note that the benefit administrator, or that party's address and telephone number, may change from time to time. For the most recent information, contact the Plan Administrator or check the plan's most recent Summary Plan Description (if you do not have a copy, you may request one from the Plan Administrator).

- A covered spouse who divorces or becomes legally separated from the covered employee.

- A covered child who has ceased to be a dependent under the terms of the group health plan.

Documentation:

If the spouse has become divorced or legally separated, provide a copy the decree of divorce or legal separation. However, if you cannot provide the decree or determination by the Deadline (see below) for providing this Notice, complete and provide this Notice to the Plan Administrator and the benefit administrator by the Deadline, and submit the decree of determination as soon as possible. Your Notice will be timely. However, no continuation coverage (in the case of divorce) will be offered until a copy of the decree or determination is provided.

Identify the Employee:
Print name of Employee: _____
Address of Employee: _____
Name of Employer: _____

Event Description: (Check one and complete)

_ 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

_ Qualifying Event - Employee's child ceased to be an eligible dependent under the Plan

Print name of child: _____

Reason child ceased to be eligible dependent (check one): _ Attained Limiting Age _____ ;
_ Lost Student Status; _ Married; _ Other (explain) _____

Address of child: _ Same as Employee's Address; _ Different Address (provide address)
_____

Certification, Signature and Date:

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)_____

_____   _____
Signature   Date

_____
Print Name

Mail this completed Notice of Qualifying Event to:

This completed Notice of Qualifying Event must be mailed to the Plan Administrator. It is also suggested that you mail a copy of this notice to the benefit administrator. For the most recent information, check the Plan's most recent Summary Plan Description. If you do not have a copy, you may request one from the Plan Administrator. The address of the benefit administrator is: WMI TPA, Inc.; P.O. Box 572488; Salt Lake City, UT 84157-2488.

Deadline:

The deadline for providing this Notice of Qualifying Event is 60 days after the later of the qualifying event or the loss of coverage. Your Notice of Qualifying Event must be postmarked by the deadline. **If your Notice is late, any spouse or dependent child who loses coverage will not be offered the option to elect continuation coverage.**

For Plan Use Only

Date Notice received:_____ If mailed, date of postmark:_____
Decree Enclosed? _ Yes; _ No; _ N/A
Determination Enclosed? _ Yes; _ No; _ N/A