

INSTRUCTIONS TO COMPLETE THIS FORM:

This form (including the Notice of Procedures) is part of the Plan's COBRA General Notice and also part of the Plan's COBRA Election Notice. For more information about this form, you should review the Plan's Summary Plan Description and the General Notice and/or Election Notice. You may obtain copies of these documents from the Plan Administrator. You must follow the Notice Procedures for Notice of Qualifying Event. If your notice is late or incomplete, you will not be offered the opportunity to elect COBRA.

WHEN TO USE THIS FORM:

You should use this form when you have a qualifying event as follows:

If you are an employee of a participating employer and covered by a group health insurance plan, you have a right to choose this continuation coverage if you lose your group health coverage for any of the following four reasons:

1. Reduction in work hours;
2. Voluntary quit
3. Lay-off for economic reasons; or
4. Discharge for misconduct (other than gross misconduct).

If you are the spouse of an employee covered by the group health insurance plan, you have the right to choose continuation coverage for yourself if you lose group health coverage for any of the following four reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes eligible for Medicare and elects Medicare as primary coverage; thereby terminating the employer-sponsored plan.

In the case of a dependent child of an employee covered by the current group plan, he or she has the right to continuation coverage if group health coverage is lost for any of the following five reasons:

1. Death of a parent;
2. The termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment with a participating employer;
3. Parents' divorce or legal separation;
4. A parent becomes eligible for Medicare and elects Medicare as primary; or
5. The dependent ceases to be a "dependent child" under the current group health insurance plan.

DEADLINE:

The deadline for providing this Notice of Qualifying Event is 60 days after the later of (1) the 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 qualifying event. If your notice is late, or it is not completed and provided to the Plan Administrator as described here, you will not be offered the opportunity to elect COBRA.

DELIVERY OF NOTICE:

You must mail or hand-deliver this notice to: Rita Anaya, TSD Administrative Personnel Secretary, 306 Bolin Drive, Toppenish, WA 98948

This contact information may change from time to time. The most recent contact information will be included in the Plan's most recent Summary Plan Description. You may request a copy from the Plan Administrator.

Your notice of a qualifying event must be on this form and must be mailed or hand-delivered. Oral notice, including notice by telephone or e-mail is not acceptable. If mailed, your notice must be postmarked no later than the deadline provided on the form. If hand-delivered, your notice must be received by the individual at the address given above no later than the deadline described above.

COMPLETION OF THE FORM:

You must use this form, Toppenish School District Notice of Qualifying Event, to notify the Plan Administrator of a qualifying event and all of the applicable items must be completed, including any copies of divorce or separation decrees or Social Security Determinations.

If your coverage is reduced or eliminated and later a divorce or legal separation occurs, you might have the right to COBRA if your coverage was eliminated in anticipation of such an event. You must provide notice within 60 days of the divorce or legal separation and must provide satisfactory evidence to the Plan Administrator that the elimination of coverage was in anticipation of the divorce or legal separation.

If you either provide an incomplete Form or do not provide the required additional documentation, such a notice will still be considered timely if all of the following conditions are met: *The Notice is mailed or hand-delivered to the individual listed above by the deadline; *From the Notice, the Plan Administrator is able to determine that the Notice relates to the Plan and is able to identify the covered employee and qualified beneficiaries, the qualifying event and the date on which it occurred and *the Notice is completed with all required elements in writing within 15 days after the written or oral request is made from the Plan Administrator for the additional information.

If any of these conditions is not met, then the incomplete notice will be rejected and COBRA will not be offered. If all of the conditions are met, the Plan will treat the Notice as having been provided on the date the Plan receives all the information and documentation, but will accept the notice as timely. **ADDITIONAL REQUESTS FOR EVIDENCE OF A QUALIFYING EVENT:** The Plan Administrator reserves the right to request additional documentation of a qualifying event. If you do not provide this additional evidence within 15 days after a written or oral request for it, then the COBRA coverage may be terminated or the request may be denied. If the individual has already been placed on active COBRA coverage, then the COBRA coverage may be terminated retroactively and the Plan Administrator will require repayment to the Plan of all benefits paid.