

Send To: TONGASS TIMBER TRUST

FAX: 907-225-5920

From:

Today's Date:

Notice of Qualifying Event

PLEASE ISSUE A COBRA NOTICE TO THE FOLLOWING PERSON(S).

Employee's or Dependent's Name & Mailing Address	(Check one)			Last Day of Coverage	Reason for Loss of Coverage (Examples: Quit, Fired, Laid Off, Deceased, Retired, Illness, Lack of Qualifying Hours, Child Over 26, Divorced, etc.)
	Emp	Dep			