

## **PLEASE PROVIDE A COPY OF THIS NOTICE TO ALL ELIGIBLE DEPENDENTS**

### **Read this important notice before you fill out the Tongass Timber Trust Enrollment Form**

To enroll your eligible dependents, you must complete the enrollment form, indicating which eligible dependents you wish to cover. Once coverage begins, you can add dependents and update your plan choice during the open enrollment period December 1-31. You may also add dependents after a life event. To enroll new dependents after a life event, Tongass Timber Trust must receive a new enrollment form within 60 days of the event. It is the employee's responsibility to notify their employer and Tongass Timber Trust of any change in eligibility status. List only your lawful dependents for health care coverage. Consult the Summary Plan Description for more information.

Please fill in the information about any other health coverage you and / or your dependents might have.

Please fill in the beneficiary information for your life and accidental death and dismemberment insurance benefits.

### **THIS SERVES AS YOUR INITIAL NOTICE OF YOUR COBRA CONTINUATION COVERAGE RIGHTS. BOTH YOU AND YOUR COVERED DEPENDENTS SHOULD READ THE SUMMARY BELOW AND KEEP IT WITH YOUR RECORDS**

COBRA provides a temporary extension of health insurance coverage once you have qualified for Tongass Timber Trust and experience a qualifying event. Qualifying events include termination of your employment or a reduction in the hours of employment. There are other qualifying events that apply to your spouse and dependent children. See the Summary Plan Description for more detail. You or a family member must notify Tongass Timber Trust no later than 60 days after a qualifying event. If you fail to notify the Trust during that period, any family member who loses coverage will not be offered the option to elect COBRA.

You or your family member must elect COBRA coverage within 60 days after your coverage ceases or within 60 days of your initial COBRA Continuation Coverage Election Notice, whichever is the latest date. If you do not elect COBRA within the 60 day time period you will lose your right to elect COBRA continuation coverage.

You and your covered spouse may elect COBRA coverage for all covered family members. **However, each covered individual has an independent right to elect coverage.** Thus, a spouse or dependent child may elect COBRA continuation coverage even if you do not elect COBRA.

Additional information on maximum coverage periods, reasons for termination of COBRA coverage, adding newly acquired dependents and other information can be obtained from the Plan Administrator or from the Summary Plan Description.

Contact us at: Tongass Timber Trust  
111 Stedman, Suite 200, Ketchikan, AK 99901  
phone 907-225-6114  
fax 907-225-5920  
email [claims@akforest.org](mailto:claims@akforest.org)

# Tongass Timber Trust Enrollment Form

## Employee Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical residence address if different than mailing address \_\_\_\_\_ State of residence  
AK WA other \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Gender \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
 M  F  Married  Unmarried  Widow(er)

## Enrollment Information

Employer name \_\_\_\_\_ Date of Hire \_\_\_\_\_

New Enrollment  Rehire  Plan Choice  Buy-up Plan  Base Plan

Update  Add Dependents  Remove Dependents  Plan Choice Change

Beneficiary Change  Address Change  Name Change Previous Name \_\_\_\_\_

Add	Drop	Relationship To Employee	Name	Social Security Number	Date of Birth	Gender
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F

Does any dependent have a different mailing address?  No  Yes If yes, please complete the following:

Dependent's Name	Street or PO Box	City	State & Zip Code
The Plan may require documentation for all dependents: Spouse – Marriage Certificate; Child(ren) – birth certificate, legal guardianship, and if adult child is married, a marriage certificate.			

## Other coverage

Are you, your spouse, or other dependents covered by any other group health insurance plan including Medicare?

No  Yes If "yes", please provide the information requested below. If you have Medicare coverage a copy of your Medicare ID card must be on file with Tongass Timber Trust office.

Name of Participant(s) with other coverage \_\_\_\_\_ Policy or ID number \_\_\_\_\_

Name, address and phone of other Insurance Company \_\_\_\_\_ City, State Zip \_\_\_\_\_ Phone \_\_\_\_\_

Other coverage includes:  Medical  Dental  Vision  Medication

## Beneficiary of Life and AD&D Insurance Benefit

**Please note:** If you do not designate a beneficiary, your death benefits will be paid in the order of preference outlined in your plan booklet. If you wish to change your beneficiary designation, please complete a new Enrollment Form.

Beneficiary \_\_\_\_\_ Relationship to employee \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby certify that the above information is true, correct and complete to the best of my knowledge and supersedes any Tongass Timber Trust enrollment forms signed prior to the date shown below. I am applying for the Employee Group Medical Plan offered by my employer for health care coverage. I authorize the necessary payroll deductions made by my employer for this health care coverage.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note:** A person who, with intent to injure, defraud or deceive, knowingly makes a false or fraudulent statement or representation in or with reference to an application for insurance may be prosecuted under state law.