NOTICE OF SECOND QUALIFYING EVENT
Tongass Timber Trust

INSTRUCTIONS:

Use this Notice of Second Qualifying Event when (1) a spouse or dependent child is receiving COBRA coverage due to the covered employee's termination of employment or reduction in hours of employment AND (2) any of the following events (second qualifying events) occur during the 18 months (or, in the case of a disability extension, the 29 months) following the covered employee's termination of employment or reduction of hours:

- A spouse who is receiving COBRA coverage becomes divorced 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.

Complete, date, sign, mail, fax, hand-deliver or e-mail this Notice of Second Qualifying Event to:

Tongass Timber Trust 111 Stedman Street, Suite 200 Ketchikan, Alaska 99901 Attention: Notice of Second Qualifying Event	**Fax:** 907-225-5920 (include the words "Attention: Notice of Second Qualifying Event" in the fax cover sheet)	**E-mail:** afa@akforest.org (Attach a copy of the completed, signed and dated original. Include the words "Notice of Second Qualifying Event" in the subject line)

You are not required to use this form of Notice of Second Qualifying Event

Questions? Call Tongass Timber Trust at (907) 225-6114.

DEADLINE:

Complete, sign. mail, fax or email this Notice of Second Qualifying Event within 60 days after the latest 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 Tongass Timber Trust Plan as a result of the second qualifying event (if this event had occurred while the qualified beneficiary was still covered under the Plan). (If mailed, the postmark is the date of mailing.) If you fail to mail, deliver, fax or email this Notice within the 60-day period, the spouse and dependent child(ren) lose their right to extend COBRA coverage.

1. Identify the Employee

Print Name of Employee:	Address of Employee:

2. Identify Initial Qualifying Event

☐ Termination of Covered Employee's Employment ☐ Reduction in Hours of Covered Employee's Employment

3. Identify Second Qualifying Event (Check Box A, B or C and complete)

☐**A.** Employee and spouse divorced	Date of divorce:
Print name of spouse:	Address of spouse:

☐**B**. Employee's child ceased to be an eligible dependent under the Tongass Timber Trust plan

Reason child ceased to be eligible dependent (check one): ☐ Attained age ☐ Other (explain):

Print name of child:	Date child ceased to be dependent (for example, date attained age,):

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

☐**C.** Death of Employee	:Date of employee's death

4. 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 below)

Signature	Print Name	Date

FOR OFFICE USE ONLY

Notice was ☐ Mailed ☐ Delivered ☐ Faxed ☐ Emailed

Date of Postmark, Delivery, Fax or Email: _____, 20_____ Was Notice timely? ☐ Yes ☐ No

Kept with Notice ☐ envelope ☐fax cover sheet ☐email