



METAL TRADES WELFARE FUND APPLICATION FOR COBRA REIMBURSEMENT

- All information on this application must be completed.
- Checks will be mailed to the address the Fund Office has on file for you.
- If you wish to change your address please call the Fund Office for the necessary *Change of Address* form.

Book Number _____

Name _____

_____ Home Telephone

_____ Mobile

_____ E-mail

If you have failed to attain the minimum number of hours to maintain health coverage, you may apply for continuation of coverage under COBRA. If all the requirements listed below are met, the Welfare Fund will reimburse your first month's COBRA payment in full.

1. You have earned, a minimum of ten (10) years of credited service in the Metal Trades Branch Local 638 Pension Fund.
2. You were covered in the Metal Trades Branch Welfare Fund the month prior to termination.
3. You have applied for and submitted payment for COBRA coverage *within 60* days of the termination.
4. You must be re-employed in covered employment *within 6 months* of the termination.
5. Proof of re-employment must be provided upon which, reimbursement for the COBRA payment will be made.

You may apply for this reimbursement only once within a five (5) year period.

Return to work date: _____

Name of Employer: _____

SIGNATURE _____

DATE _____