

NOTICE OF DISABILITY
(Form & Notice Procedures)

For more information about this form, the Plan's notice procedures and your COBRA rights and obligations, consult the Plan's COBRA general notice and election notice. (You may obtain copies of these documents from the Plan Administrator or ACS Benefit Services, Inc.).

When to Use This Form:

Use this form when the Social Security Administration has determined that a qualified beneficiary was disabled on any day of the first sixty (60) days following a qualifying event that was the covered employee's termination of employment or reduction of hours. (**Note:** If the Social Security Administration made the disability determination before the covered employee's termination of employment or reduction of hours, you may still use this form to report the earlier disability determination, so long as the qualified beneficiary remains disabled and you provide this Notice of Disability by the deadline described below.)

Deadline:

The deadline for providing this Notice of Disability is sixty (60) days after the later of (1) the date of the Social Security Administration's disability determination; (2) the date of the covered employee's termination of employment or reduction of hours; and (3) the date on which the qualified beneficiary would lose coverage under the terms of the Plan as a result of the termination of employment or reduction of hours. Your Notice of Disability must be provided within eighteen (18) months after the covered employee's termination of employment or reduction of hours.

Notice Procedures:

You must follow the Notice Procedures for Notice of Qualifying Event appearing at the end of this form.

Warning: If your notice is late, or if it is not completed and provided to the Plan Administrator as described in the Notice Procedures for Notice of Disability appearing at the end of this form, no extended COBRA coverage will be available to any qualified beneficiary.

Complete This Portion:

Identify the Covered Employee (the employee or former employee who is or was covered under the Plan):

Print name of employee _____ SS# _____

Address of employee _____

Name of Health Plan _____ Plan ID # _____

Identify Initial Qualifying Event (the event that started your COBRA coverage) (Check one and complete):

Termination of employment Reduction of hours

Date of initial qualifying event _____

Identify All Qualified Beneficiaries:

Print name(s) of all qualified beneficiaries who lost coverage due to the initial qualifying event and who are still receiving COBRA coverage now:

Address of each qualified beneficiary (check one): same as employee's address different address (provide address)

Identify Disabled Qualified Beneficiary:

Print name of disabled qualified beneficiary: _____
Address of disabled qualified beneficiary (check one): same as employee's address different address
(provide address)

Social Security Administration's Determination of Disability:

Date of Social Security Administration's determination: _____
Is a copy of the Social Security Administration's determination enclosed with this notice? Yes No
Date that disabled qualified beneficiary became disabled (according to Social Security Administration
determination): _____
Has the Social Security Administration subsequently determined that the qualified beneficiary is no longer disabled?
 Yes No

Certification, Signature and Date:

I certify that the above information is true and correct. I am the (check one):
 employee or former employee spouse or former spouse disabled qualified beneficiary
 other (explain) _____

Signature

Date

Print Name

Address

Telephone Number

Notice Procedures for Notice of Disability

How to Provide Notice of Disability

You must mail, fax or hand deliver this notice to:
ACS Benefit Services, Inc.
Attn: COBRA Coordinator
8025 North Point Boulevard, Ste. 100
Winston-Salem, NC 27106
Fax No. (336) 759-2741

Your notice must be in writing and must be mailed, faxed or hand-delivered. Oral notice, including notice by telephone, is not acceptable. Electronic (including e-mailed) notices are not acceptable. If mailed, your notice must be postmarked no later than the deadline described on the first page of this Notice of Disability form. If hand-delivered or faxed, your notice must be received by the individual at the address specified above no later than the deadline described on the first page of this form.

Information for Notice of Disability

You should use this form of Notice of Disability to notify the Plan Administrator of a qualified beneficiary's disability and all of the applicable items on the form must be completed.

Your Notice of Disability must include a copy of the Social Security Administration's determination of disability.

Incomplete Notice of Disability

If you provide a written notice to the Plan Administrator that does not contain all of the information and documentation required by these Notice Procedures for Notice of Disability, such a notice will nevertheless be considered timely **if all of the following conditions are met:**

- The notice is mailed or faxed or hand-delivered to the individual and address specified above;
- The notice is provided by the deadline described on the first page of this form;
- From the written notice provided, the Plan Administrator is able to determine that the notice relates to the Plan and a qualified beneficiary's disability;
- From the written notice provided, the Plan Administrator is able to identify the covered employee and qualified beneficiary(ies) and the date on which the covered employee's termination of employment or reduction of hours occurred; and
- The notice is supplemented in writing with the additional information and documentation necessary to meet the Plan's requirements (as described in these Notice Procedures for Notice of Disability) within fifteen (15) business days after a written or oral request from the Plan Administrator for more information (or, if later, by the deadline for this Notice of Disability described on the first page of this notice).

If any of these conditions is not met, the incomplete notice will be rejected and COBRA will not be extended. If all of these conditions are met, the Plan will treat the notice as having been provided on the date that the Plan receives all of the required information and documentation but will accept the notice as timely.

Who May Provide Notice of Qualifying Event

The covered employee (i.e., the employee or former employee who is or was covered under the Plan), a qualified beneficiary who lost coverage due to the covered employee's termination of employment or reduction of hours and is still receiving COBRA coverage or a representative acting on behalf of either may provide the notice. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who may be entitled to an extension of the Maximum COBRA coverage period due to the disability reported in the notice.