COBRA Subsidy Eligibility for Member Company EMPLOYERS of AAAS Employee Benefit Fund Participating in Group 58920

MEWA Fund Group Name:	Automotive Aftermarket Association Southeast

Group Number: <u>58920 Value health plan</u>

COBRA Group/Division Number: <u>58920/Z7S</u>

EMPLOYER Contact Name:

<u>E</u>	MPLOYER's employee group Billing Address (bill COBRA subsidy to the EMPLOYER's address below):
EMPLOYER Name:	
EMPLOYER Billing Address:	
EMPLOYER City, State, Zip:	
EMPLOYER Group/Division Nun	ber: 58920/
EMPLOYER Phone Number:	

Contract Number	Last Name	First Name	Social Security Number	COBRA Subsidy Eligible Qualifying Event T = Involuntary termination of employment OR H = Involuntary reduction of work hours