COBRA Subsidy Eligibility for Member Company EMPLOYERS of AAAS Employee Benefit Fund Participating in Group 97720						
MEWA Fund Group Name:	Automotive Aftermarket Association Southeast					
Group Number:	97720 Competitor health plan					
COBRA Group/Division Number:	<u>97720/Z5S</u>					
EMPLOYER'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 Number:	97720/					
EMPLOYER Phone Number:						
EMPLOYER Contact Name:						

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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