



ASSOCIATION OF WASHINGTON CITIES
 c/o Northwest Administrators, Inc.
 2323 Eastlake Avenue East
 Seattle, WA 98102-3393
 (206) 726-3285 Fax (206) 926-2699



**COBRA NOTICE TO ADMINISTRATOR
 (SPOUSE/DEPENDENTS)**

INSTRUCTIONS TO SPOUSE/DEPENDENT: In order to maintain your rights under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), you or a family member must inform the Plan Administrator if your health plan coverage ends as a result of a divorce, legal separation, or if a child loses dependent status under the terms of the group health plan. You must inform us within 60 days of the date the event occurs, (or if later, within 60 days of the date on which coverage would end under the plan because of the event) in order to be eligible for continued COBRA coverage.

If one of the Qualifying Events described above occurs, please complete this form and send it to Northwest Administrators at the address shown above.

COBRA qualifying event:

- Divorce or Legal Separation
- Child has lost "Dependent Child" status under the plan

Date of qualifying event:

Date coverage ends:

--	--

Name of spouse (if applicable): _____ Date of birth: _____

Name of dependent (if applicable): _____ Date of birth: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Social Security No.: _____

Name of employee: _____ Social Security No.: _____

Employer name: _____

Signature of spouse, dependent or family member

 (Signature) _____ (Date)