



**Association of Washington Cities
Employee Benefit Trust**
c/o Northwest Administrators, Inc.
2323 Eastlake Avenue East
Seattle, WA 98102-3393
Phone (206) 726-3285 Fax (206) 926-2699



USERRA NOTICE TO ADMINISTRATOR

This notice contains important information about your right to continue your health care coverage sponsored by the Association of Washington Cities Employee Benefit Trust (The Plan). Employees going into military service will have Plan rights as mandated by the Uniformed Services Employment and Reemployment Rights Act (USERRA).

INSTRUCTIONS TO EMPLOYER: When the Qualifying Event described above occurs, please complete this form and send it to Northwest Administrators at the address shown above.

Employer Name:	Telephone Number:
Date of Qualifying Event:	Date Active Coverage Terminates:

USERRA Qualifying Event:

Termination of health benefits due to military service

Name of Employee: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Social Security No.: _____

Names of Employee's Spouse and Dependents (if covered):

Spouse: _____ Soc. Sec. # _____

Dependent: _____ Soc. Sec. # _____

Dependent: _____ Soc. Sec. # _____

Dependent: _____ Soc. Sec. # _____

SIGNATURE OF EMPLOYER REPRESENTATIVE

(Signature)
(Print Name)
(Date)