

Your Employer has reported that you did not work enough hours to earn eligibility for Health and Welfare Benefits provided under the Fund. Your current eligibility will terminate on the "Loss of Eligibility" date listed on the Notice of Qualifying Event for COBRA Continuation Coverage. If you think you qualify for the special Eligibility Extension for COVID-19-related losses of eligibility please complete and submit this form within 30 days to reinstate your eligibility; otherwise, you may not be eligible for retroactive coverage. Please also provide the Fund with confirming documentation, so that we can determine your eligibility for the extension. If you DID work additional hours or earn hours as a result of vacation, family leave, workers' compensation, or personal disability, please complete the standard form called Application for Reinstatement of Eligibility. Contact the Fund Office if you have any questions.

PARTICIPANT INFORMATION					
Supply all information requested below. Please print clearly.					
Last Name	First Name	Mid. Initial	Fund ID	Social Security #	
Mailing Address Street:		City	State	ZIP Code	Date of Birth (mm/dd/yyyy)
Home phone	Email Address		Employer		
Mobile phone	Date of Hire (mm/dd/yyyy)		Local #		

EXTENDED ELIGIBILITY FOR ALL ACTIVE EMPLOYEES ON UI/SDI FOR COVID-19 RELATED REASONS

Eligibility will be extended to active Employees who lose eligibility as a direct result of the COVID-19 crisis and are able to collect Unemployment Insurance (UI) or State Disability Insurance (SDI) (or, in limited instances, California Paid Family Leave)¹. **For purposes of qualifying for extended eligibility, reasons related to COVID-19 are the reasons provided under the Families First Coronavirus Response Act (FFCRA or Act) listed below.** This extension lasts through the work month of August 31, 2020, providing benefit eligibility through October 31, 2020.

REQUIRED DOCUMENTATION: You must provide the Fund Office with:

- (i) The UI or SDI approval letter (or, in some instances, approval for Paid Family Leave ("PFL")); and
- (ii) If the UI or SDI approval letter does not adequately indicate that the payment of UI/SDI is due to a COVID-19-related reason, you must submit additional supporting documentation evidencing that your UI or SDI payment is due to a COVID-19-related reason, such as a physician's statement or proof of school closure.

For the period from _____ to _____ I collected:

_____ State Disability _____ Unemployment Insurance _____ California Paid Family Leave

You must submit your approval letter/proof of payments from the CA Employment Development Department (EDD) as proof of disability or unemployment related to COVID-19 as described.

To continue your Eligibility Extension after initial proof of eligibility, you may need to provide UI/SDI pay stubs (proof of payment).

Please contact the Fund Office for more information.

Here are currently recognized reasons for UI/SDI/PFL to be COVID-19-related:

1. Employee is subject to a federal, state, or local quarantine or isolation order related to coronavirus;
2. Employee has been advised by a health care provider to self-quarantine due to concerns related to coronavirus;
3. Employee is experiencing coronavirus symptoms and seeking a medical diagnosis;
4. Employee is caring for an individual who (a) is subject to a federal, state, or local quarantine or isolation order related to coronavirus, or (b) has been advised by a health care provider to self-quarantine due to concerns related to coronavirus; or
5. Employee is caring for a son or daughter whose school or place of care has been closed, or whose childcare provider is unavailable, due to coronavirus precautions.

If you are on approved Family Leave during this period, it would be helpful for you to submit a copy of your Employer's approval letter as verification, showing specific from and to dates.

At the end of your extended eligibility period, if unable to return to work, you may elect to enroll in COBRA to continue your coverage. Save the COBRA notice you were mailed (or that is enclosed) to ensure timely enrollment.

You MUST submit payment for your contribution to premiums that would have been withheld from your paycheck(s) during any weeks missed.

Participant's Signature _____

(I understand that I will owe contributions to premium for each week they could not be withheld by my Employer.)

Date _____

¹ This includes the situation where your family member is ill with COVID-19-related illness, and you collect California Paid Family Leave instead of UI or SDI.

