

CWA MEMBER REQUEST FOR COBRA PAYMENT

CWA members with chronic and serious ongoing medical conditions may be eligible for union-paid COBRA benefit payments. If you think you qualify for union-paid COBRA, fill out this form and submit it to your local Member Relief Fund Coordinator.

Part I.

1. Name: \_\_\_\_\_ Local: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Home phone: \_\_\_\_\_
4. Total monthly household income including strike payments: \$ \_\_\_\_\_
5. Are you currently covered by a Verizon Health Care Plan?      Yes                  No
- 5a. If yes, what plan? \_\_\_\_\_
- 5b. If yes, who in your family is covered under the plan? \_\_\_\_\_

Part II. To help us determine if you are eligible for union-paid COBRA benefits, please provide the following medical information.

6. Is insurance available through another member of your household?      Yes                  No
- 6a. If yes, have you requested coverage through that plan?                  Yes                  No
- 6b. If you have not requested coverage, explain why: \_\_\_\_\_
- \_\_\_\_\_
7. Have you applied for any other medical coverage (Medicaid, etc.)?      Yes                  No
8. Medical Information
- | Name  | Age | Diagnosis |
|-------|-----|-----------|
| _____ |     |           |
| _____ |     |           |
| _____ |     |           |
| _____ |     |           |
| _____ |     |           |

9. Prescription drugs being taken for serious condition

Condition	Medication/strength:	Monthly Cost
_____		
_____		
_____		
_____		
_____		

10. Pending appointments for treatment of serious, ongoing medical conditions

Family member/Patient name	Treatment	Cash payment
_____		
_____		
_____		
_____		
_____		

11. Physician(s) information

Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

12. Please attach supporting documentation.

PART III. Determination

13. Reviewed by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

14. Recommendation:

Union should pay COBRA      Yes      No

15. Signature of reviewer: \_\_\_\_\_