

WAIVER LETTER

Date: _____

Abatement Workers National
Health and Welfare Fund
PO Box 1349
Troy, MI 48099-1349

RE: Waiver of Right to Continue Benefits under COBRA Continuation

Dear Plan Administrator:

I have received the notification of the right to continue certain covered benefits for myself and/or my eligible dependents.

At this time, the undersigned Qualified Beneficiary waives the right to purchase the continuation coverage for myself and/or eligible dependents.

In waiving this coverage I, hereby, acknowledge that after sixty (60) days from the date of my initial notice of continuation coverage my decision will be final and irrevocable.

Sincerely,

Signature of Qualified Beneficiary

Date

Social Security Number

REVOCATION LETTER

Date: _____

Abatement Workers National
Health and Welfare Fund
PO Box 1349
Troy, MI 48099-1349

Re: Revocation of Waiver for Continuation of Coverage under COBRA

Dear Plan Administrator:

I have previously waived my right to continue coverage through the COBRA provision of the Plan. However, I now wish to revoke my previous waiver and continue my coverage through COBRA. I am returning this letter of revocation within sixty (60) days from the date of my initial notice of continuation coverage.

I understand that I have forty-five days from the date of this letter to pay any premiums due or my coverage will be terminated and can not be reinstated.

Sincerely,

Signature of Qualified Beneficiary

Date

Social Security Number