

Health and Benefit Trust Fund of the I.U.O.E Local 94
Mr. William Sweeney, Administrator
337 West 44th Street
New York, NY 10036

Dear Mr. Sweeney:

This is to inform you that,

Name:

Social Security #

Employed at

May be eligible for medical coverage, under the C.O.B.R.A. Law.
The reason for the qualifying event is,

This employee worked _____ hours in the last quarter. *Quarters run
January-March, April-June, July-September, October-December

Yours Truly,

Custodian Engineer