Client Name:				Contro			211	n Care Privilege	Cust. ID: 516
NBA				Region					Guga ib. Gio
Employee Name:						urity#			Branch:
						-			
Edmund Middleton				204-32	2-94	57			Referee
Street Add	-	City:							
ECONO Dob		La Qu	inta				·		
56000 Pebble Beach State:				Zip Co					Phone:
CA CA				92253					(760) 771-1810
Participant Name (if not				SS#:					Marital Status:
employee): N/A				N/A					
Qualifying Event:						Event D			Sex:
Cessation of Work						date of o			Male
							e	mployment	
Date of Birth:				Date 6					Waiting Period Begin Date: N/A
02/13/1943 Termination			-				2 ~	gin Date:	Date. N/A
	erminated: 05/1	8/200	4	N/A	; CO1	verage L	36	gin Date.	
	Tier Level: (circ							· · ·	
F	Participant Only	,		Partic	ipant	t and on	е	Dependant	Family
1		***************************************		-					
<u> </u>	Current Cove	erage			r Co	ntinuano	ce	- Plan Name (In	cluding HMOs)
	Plan Code			Name Subsidy Rate					COBRA Rate
Medical:				rdian Medical					\$1,121.26
			PPO					- '	
Dental:	1			rdian Medical					\$82.33
<u> </u>	<u> </u>		PPO	dent Data For Qualified Dependents				d Donondontor	-
Name				Sex SS#				d Dependents.	Relationship
Ivame			Birth Se			33#		•	Relationship
Shella Middleton					Female				Spouse
Christopher Middleton				Male	 				Son
Officiopher Middleton			<u> </u>			***************************************	_		
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Current P					Current Claim	Branch:			
COBRA P	remium Branch	1:						COBRA Claim Branch:	
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Benefit Representative Signature Rafeena Ally				Phone Number (201) 974-6531					Date
Laineilla H	пу	· · · · · · · · · · · · · · · · · · ·			(401)	1014-00	_	l	

011 4 32			1011					th Care Privilege	
Client Name:				Control #: 16144					Cust. ID: 516
NBA					on: N		**		
Employee Name:				Social Security #					Branch:
Moody Ma	velold.			ΛΛΩ.	48-86	76			Referee
Woody Mayfield						10			Leteres
Street Address:				City:					
2016 Brookfield Drive				Norman					
State:					ode:				Phone:
OK				73072					(405) 447-3867
Participant Name (if not				SS#:					Marital Status:
employee): N/A				N/A					
Qualifying Event:				Qual	ifying	Even	t Da	ate:	Sex:
Cessation of Work				3(2/	98 - C	date o	f dis	sability resulting	Male
				in e n	d of e	mploy			
Date of Bir					of Hi				Waiting Period Begin
07/25/1948					1/198				Date: N/A
Terminatio			1		e Cov	verag	е В	egin Date:	
	erminated: 05/1			N/A					<u> </u>
Coverage	Tier Level: (cir	cle o	ne)						
				D4:	_ •	t		5	
<u> </u>	Participant Only	<u> </u>		Parti	cipani	t and	one	Dependant	Family
	· · · · · · · · · · · · · · · · · · ·								
		erage				<u>ntinua</u>		e - Plan Name (Ir	
<u> </u>				Name Subsidy Rate					COBRA Rate
Medical:	.1			rdian Medical					\$1,121.26
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				rdian Medical					\$82.33
	PPO	dent Data For Qualified Dependents:							
I & V								ed Dependents:	
Name		Birth		Sex SS#					Relationship
I in alm RAm, c:		Date							
Linda Mayfield		<u> </u>		Fer	nale		····		
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		ja ja	T	0 BE	©9M	2450	ED#	BY SHPS	
A P	remium Branch	1:		(0) BE	© OMI	PLEM	ED#	BY SHPS Current Claim	Branch:
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Current Pi	4			(6) BF	COM	PA:	ED)	Current Claim	
Current Pi	remium Branch	1;		O BE	Phor	PLET	mbe	Current Claim COBRA Claim	

For Continuation of Health Care Privileges Client Name: Control #: 16144 Cust. ID: 516 NBA Region: N Employee Name: Social Security # Branch: 269-38-9749 Referee Michael Mathis Street Address: City: 559 Asbury Road Cincinnati Zip Code: State: Phone: 45255 OH (513) 231-9015 Participant Name (if not SS#: Marital Status: employee): N/A N/A Qualifying Event: Qualifying Event Date: Sex: 12/18/01 date of disability Cessation of Work Male esulting in end of employment Date of Birth: Date of Hire: Waiting Period Begin 11/20/1942 09/01/1976 Date: N/A Active Coverage Begin Date: Termination Date: Coverage terminated: 05/18/2004 Coverage Tier Level: (circle one) Participant and one Dependant Family Participant Only Current Coverage Available for Continuance - Plan Name (including HMOs) Plan Code Plan Name **Subsidy Rate COBRA** Rate Guardian Medical Medical: GUAMPP \$1,121,26 PPO Dental: GUAMPP Guardian Medical \$82.33 PPO Dependent Data For Qualified Dependents: Birth Sex SS# Relationship Name Date Sharon Mathis Female TO BE COMPLETED BY SHPS Current Claim Branch: **Current Premium Branch:** COBRA Premium Branch: COBRA Claim Branch: Benefit Representative Signature Phone Number Date Rafeena Ally (201) 974-6531

For Continuation of Health Care Privileges Client Name: Control #: 16144 Cust. ID: 516 NBA Region: N **Employee Name:** Social Security # Branch: Terry Durham 544-42-4441 Referee Street Address: City: 13215 NW Logie Trail Road Hillsboro State: Zip Code: Phone: Oregon 97124 503-647-0042 Participant Name (if not SS#: Marital Status: employee): N/A N/A Married Qualifying Event: Qualifying Event Date: Sex: Cessation of Work 12/24/01 date of disability Male resulting in end of employment Date of Birth: Date of Hire: Waiting Period Begin 05/03/<u>1945</u> .09/01/1978 Date: N/A Active Coverage Begin Date: Termination Date: Coverage terminated: 05/18/2004 Coverage Tier Level: (circle one) Participant and one Dependant Participant Only Family Current Coverage Available for Continuance - Plan Name (Including HMOs) Plan Code Plan Name Subsidy Rate **COBRA Rate** Medical: GUAMPP Guardian Medical \$1121.26 PPO Dental: **GUAMPP** Guardian Medical \$82.33 Dependent Data For Qualified Dependents: Birth Date Sex SS# Name Relationship Lesley Durham 7/18/1950 Female Spouse Jacqueline Durham 10/28/1984 Female Daughter Krista Durham 1/5/1983 Female Daughter TO BE COMPLETED BY SHPS Current Premium Branch: Current Claim Branch: COBRA Premium Branch: **COBRA Claim Branch:** Benefit Representative Signature Phone Number Date Rafeena Ally (201) 974-6531