

NATIONAL BASKETBALL ASSOCIATION PRELIMINARY INFORMATION SHEET

For Continuation of Health Care Privileges

Client Name: NBA	Control #: 16144 Region: N	Cust. ID: 516
Employee Name: Edmund Middleton	Social Security # 204-32-9457	Branch: Referee
Street Address: 56000 Pebble Beach	City: La Quinta	
State: CA	Zip Code: 92253	Phone: (760) 771-1810
Participant Name (if not employee): N/A	SS#: N/A	Marital Status:
Qualifying Event: Cessation of Work	Qualifying Event Date: 1/3/98 - date of disability resulting in end of employment	Sex: Male
Date of Birth: 02/13/1943	Date of Hire: 09/01/1976	Waiting Period Begin Date: N/A
Termination Date: Coverage terminated: 05/18/2004	Active Coverage Begin Date: N/A	
Coverage Tier Level: (circle one) Participant Only	Participant and one Dependand	Family

Current Coverage Available for Continuance - Plan Name (Including HMOs)

	Plan Code	Plan Name	Subsidy Rate	COBRA Rate
Medical:	GUAMPP	Guardian Medical PPO		\$1,121.26
Dental:	GUAMPP	Guardian Medical PPO		\$82.33

Dependent Data For Qualified Dependents:

Name	Birth Date	Sex	SS#	Relationship
Shella Middleton		Female		Spouse
Christopher Middleton		Male		Son

TO BE COMPLETED BY SHPS

Current Premium Branch:	Current Claim Branch:
COBRA Premium Branch:	COBRA Claim Branch:

Benefit Representative Signature Rafeena Ally	Phone Number (201) 974-6531	Date
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For Continuation of Health Care Privileges

Client Name: NBA	Control #: 16144 Region: N	Cust. ID: 516
Employee Name: Woody Mayfield	Social Security # 448-48-8676	Branch: Referee
Street Address: 2016 Brookfield Drive	City: Norman	
State: OK	Zip Code: 73072	Phone: (405) 447-3867
Participant Name (if not employee): N/A	SS#: N/A	Marital Status:
Qualifying Event: Cessation of Work	Qualifying Event Date: 12/98 - date of disability resulting in end of employment	Sex: Male
Date of Birth: <u>07/25/1948</u>	Date of Hire: <u>06/01/1988</u>	Waiting Period Begin Date: N/A
Termination Date: Coverage terminated: 05/18/2004	Active Coverage Begin Date: N/A	
Coverage Tier Level: (circle one) Participant Only	Participant and one Dependand	<u>Family</u>

Current Coverage Available for Continuance - Plan Name (Including HMOs)

	Plan Code	Plan Name	Subsidy Rate	COBRA Rate
Medical:	GUAMPP	Guardian Medical PPO		\$1,121.26
Dental:	GUAMPP	Guardian Medical PPO		\$82.33

Dependent Data For Qualified Dependents:

Name	Birth Date	Sex	SS#	Relationship
Linda Mayfield		Female		

TO BE COMPLETED BY SHPS

Current Premium Branch:	Current Claim Branch:
COBRA Premium Branch:	COBRA Claim Branch:

Benefit Representative Signature <i>Rafeena Ally</i>	Phone Number (201) 974-6531	Date
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NATIONAL BASKETBALL ASSOCIATION PRELIMINARY INFORMATION SHEET

For Continuation of Health Care Privileges

Client Name: NBA	Control #: 16144 Region: N	Cust. ID: 516
Employee Name: Michael Mathis	Social Security # 269-38-9749	Branch: Referee
Street Address: 559 Asbury Road	City: Cincinnati	
State: OH	Zip Code: 45255	Phone: (513) 231-9015
Participant Name (if not employee): N/A	SS#: N/A	Marital Status:
Qualifying Event: Cessation of Work	Qualifying Event Date: 12/18/01 - date of disability resulting in end of employment	Sex: Male
Date of Birth: 11/20/1942	Date of Hire: 09/01/1976	Waiting Period Begin Date: N/A
Termination Date: Coverage terminated: 05/18/2004	Active Coverage Begin Date: N/A	
Coverage Tier Level: (circle one) Participant Only	Participant and one Dependand	Family

Current Coverage Available for Continuance - Plan Name (Including HMOs)

	Plan Code	Plan Name	Subsidy Rate	COBRA Rate
Medical:	GUAMPP	Guardian Medical PPO		\$1,121.26
Dental:	GUAMPP	Guardian Medical PPO		\$82.33

Dependent Data For Qualified Dependents:

Name	Birth Date	Sex	SS#	Relationship
Sharon Mathis		Female		

TO BE COMPLETED BY SHPS

Current Premium Branch:	Current Claim Branch:
COBRA Premium Branch:	COBRA Claim Branch:

Benefit Representative Signature Rafeena Ally	Phone Number (201) 974-6531	Date
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NATIONAL BASKETBALL ASSOCIATION PRELIMINARY INFORMATION SHEET

For Continuation of Health Care Privileges

Client Name: NBA	Control #: 16144 Region: N	Cust. ID: 516
Employee Name: Terry Durham	Social Security # 544-42-4441	Branch: Referee
Street Address: 13215 NW Logie Trail Road	City: Hillsboro	
State: Oregon	Zip Code: 97124	Phone: 503-647-0042
Participant Name (if not employee): N/A	SS#: N/A	Marital Status: Married
Qualifying Event: Cessation of Work	Qualifying Event Date: <u>12/24/01</u> - date of disability resulting in end of employment	Sex: Male
Date of Birth: <u>05/03/1945</u>	Date of Hire: <u>09/01/1978</u>	Waiting Period Begin Date: N/A
Termination Date: Coverage terminated: 05/18/2004	Active Coverage Begin Date: N/A	
Coverage Tier Level: (circle one) Participant Only	Participant and one Dependant	<u>Family</u>

Current Coverage Available for Continuance - Plan Name (Including HMOs)

	Plan Code	Plan Name	Subsidy Rate	COBRA Rate
Medical:	GUAMPP	Guardian Medical PPO		\$1121.26
Dental:	GUAMPP	Guardian Medical PPO		\$82.33

Dependent Data For Qualified Dependents:

Name	Birth Date	Sex	SS#	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 <i>Rafeena Ally</i>	Phone Number (201) 974-6531	Date
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