

**District Council 37 Benefits Fund
125 Barclay Street
New York, New York 10007**

ARRA Instruction Sheet

“Request For Treatment As An Assistance Eligible Individual” Form

Follow Instructions Carefully:

1. Read the “Summary Of The COBRA Premium Reduction Provisions Under ARRA”.
2. Complete the request form in full. Sign and date the request form.
3. Submit the request form to the Human Resource/Personnel Department of your former agency for verification of “involuntary termination of employment”. (In order to expedite verification bring the application in person to the agency personnel office). The agency will validate the request within 1 business day and return it to the applicant.
4. Once the request form is signed by the authorized agency personnel the applicant must submit the request form to the Plan (see address below). Keep a copy for your records.
 - If you are not enrolled in COBRA with the Plan you must submit the request form along with a completed COBRA application. COBRA applications must be submitted within 60 days of this notice. The effective date of the COBRA will be February 17, 2009 or your date of involuntary termination whichever is later.
 - If you are already enrolled in COBRA with the Plan there is nothing more for you to do.
 - If you qualify for the subsidy you will receive the reduced premium automatically.

Mail the form and all COBRA information to:

**DC 37 Benefits Fund-COBRA
Attention: EEU 8th fl.
125 Barclay Street
New York, New York 10007**