WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN

COBRA PREMIUM WAIVER

coverage for a maximum of 36 month	e active hourly employee self-payment prons as and hereby waive my right to COBRA of d standing with the Local Union in order to	ontinuation coverage. I
Name of Participant	Signature of Participant	Date
	ontinuation coverage and understand the hourly self-payment provisions of the Pla	
Name of Spouse of Participant (if applicable)	Signature of Spouse of Participant	Date
I agree to waive my right to COBRA of continuing coverage under the active good standing with the Local Union.	continuation coverage and understand the hourly self-payment provisions of the Pla	e participant will be n and must remain in
Name of Adult Dependent Child of Participant (if applicable)	Signature of Adult Dependent Child of Participant	Date
I agree to waive my right to COBRA of continuing coverage under the active good standing with the Local Union.	continuation coverage and understand the hourly self-payment provisions of the Pla	e participant will be n and must remain in
Name of Dependent Child of Participant (if applicable)	Signature of Adult Dependent Child of Participant	Date