



North Atlantic States
CARPENTERS BENEFIT FUNDS

Health
Benefits Fund

Buffalo Office
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carpentersfund.org

Long Island Office
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Hauppauge, NY 11788
Phone: 877-372-3236
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Application for automatic deduction of COBRA premiums from Health Reimbursement Account "HRA"

Member's Name (PRINT):

Last four of SSN:

Address:

Phone:

Email:

Local Number:

Date:

I elect to have my monthly COBRA premium automatically deducted from my "HRA".

I understand that in order to use my HRA account for COBRA premiums, I must continue to be in good standing with my Local and have had contributions made on my behalf for hours worked within the most recent four-month period.

Member's Signature

When you select automatic monthly deductions, your selected premium be will deducted from your HRA account until your account no longer satisfies the entire monthly premium, you satisfy the Plan requirements for the reinstatement of coverage under the Health Plan, or you come to the end your of COBRA election period.

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