

RE: Severance Benefit and Employee Retention Plan

In addition to the new COBRA Stimulus package, Toledo Electrical Welfare Funds is providing a COBRA severance benefit. In order to establish your eligibility and administer the program correctly, we ask that you (1) fill out a W-4 form and (2) indicate below whether or not your spouse has access to other health care coverage.

In Addition to collecting this information for the COBRA severance benefit, your completed W-4 will be used to determine the amount of taxes to be taken out of any Employee Retention Plan checks that you may receive. Under the counsel of our attorney, the Fund Office has been advised to collect and keep signed and up to date W-4's on file for the purpose of ensuring that the correct and/or desired tax withholdings are observed for each member.

Please return this form, along with your completed W-4 form, to the fund office.

Name: _____

Card #: _____

Address: _____

Place an (X) next to the option that applies to you.

____ My spouse has access to other health care coverage

____ My spouse does not have access to other health care coverage.

____ I am single