Timber Products Manufacturers Trust
951 East Third Avenue, Spokane, WA 99202

Leave of Absence & Layoff Provision Notice

The Leave of Absence & Layoff Provision Notice (the Notice) is required when an employee is not meeting the minimum eligibility requirements as defined in the Joinder Agreement. Employee leave/layoff may be due to protected leave (FMLA or other similar state program), or the Coverage Layoff Provision has been elected by the employer.

The employer will complete and submit the Notice on the following page to the TPM Trust. The employer will retain a copy of the Notice until:

1. The employee returns to work, and/or
2. Achieves enough hours to meet the minimum eligibility requirement, or
3. Employment is terminated.

Once one the above has occurred, the employer will complete the bottom of the Notice and submit the updated Notice to the TPM Trust no more than 30 days after the determination of one of the above occurrences.

For companies that have elected the Coverage Layoff Provision:

- The employee may continue group health coverage for a period of up to three (3) calendar months, beginning the first of the month following the date eligibility requirements were not met.
    - Employees maintaining coverage under the Provision will be included on the monthly Trust invoice with Active employees.
    - Payment arrangements must be made between the employer and employee, and such payment must be submitted to the TPM Trust by the employer.
- It is the responsibility of the Employer to track the three (3) month period and to notify the TPM Trust when the employee again meets the minimum eligibility requirements or has not regained eligible status.
    - A Termination Request Form must be submitted to the TPM Trust by the employer if the employee is no longer eligible at the end of the three month period.

Failure to timely notify the TPM Trust of employee termination may result in Employer liability for any claims paid on behalf of the named employee after the date on which the employee's coverage should have been terminated. Additionally, the employee and any family members covered on the plan may not be eligible for COBRA continuation or portability/conversion on disability coverages.

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This Notice does not replace the Termination Request Form.

Group Name: _____ **Group Number:**_____

Employee Name: _____
Last, First

Employee SSN:_____

The above named employee's work status has changed due to one of the following reason: **(Check one)**

☐ **Work Related Injury** ☐ **FMLA** ☐ **State-Approved Leave**

☐ **Other Approved Leave** ☐ **Temporary Lay-Off** ☐ **Reduced Work Hours**

Date Status Changed: _____

If returning to work:
Date employee met the minimum eligibility requirements: _____

- Employee will be regain Active status the first of the month following this date.

If not returning to work:
Date employee's coverage terminated: _____

- Submit a Termination Request Form with this notice.

Notice To Be Sent To:
Timber Products Manufacturers Trust
enrollments@tpmrs.com

951 E 3rd Ave
Spokane, WA 99202
Phone (509) 535-4646 | Fax (509) 533-1947