



**LONG TERM CARE  
NOTICE OF RIGHT TO APPOINT A DESIGNEE IN THE EVENT  
OF TERMINATION OR LAPSE DUE TO NON-PAYMENT OF PREMIUM**

You have the right to designate at least one other person to receive notice of lapse or termination of your WEA Trust Long Term Care (LTC) plan due to non-payment of premium. Your LTC plan will not lapse or be terminated unless we have provided at least 30 days' notice to you and your designee. Notice will not be given until at least 30 days after the premium is due and unpaid. Notices will be sent to you and your designee through the U.S. Postal Service at the address you provide. *If you choose not to appoint a designee, you must sign the waiver section at the bottom of this form.*

I hereby appoint the following individual(s) to receive notice of termination or lapse of my LTC plan due to non-payment of premium. I understand that I may change or add a designee at any time by notifying the WEA Trust in writing.

**Please print legibly**

Name of Designee: \_\_\_\_\_

Designee's Street Address: \_\_\_\_\_

Designee's City: \_\_\_\_\_

Designee's State: \_\_\_\_\_ Designee's Zip: \_\_\_\_\_

Your Signature \_\_\_\_\_

Today's Date: \_\_\_\_\_ Member Number: \_\_\_\_\_

**WAIVER OF APPOINTMENT OF DESIGNEE**

Complete this section **ONLY** if you are choosing not to appoint a designee.

Protection against unintentional lapse.

I understand that I have a right to designate at least one person, other than myself, to receive notice of lapse or termination of my WEA Trust LTC plan for non-payment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. I elect **NOT** to designate any person to receive such notice.

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Member Number: \_\_\_\_\_

# Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

**Don't forget to save your work to your computer or device often.**

You can submit forms and correspondence to us in whatever way works best for you ...

## Postal Service

Address your envelope to:

**WEA Trust**

**PO Box 259537**

**Madison, WI 53725-9537**

## Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

**608.276.9119**

## Secure File Upload

Send scanned or electronically completed forms to us via our [www.weatrust.org](http://www.weatrust.org) website at:

**<https://weatrust.org/secure-file-upload-1>**

## Email

Attach your scanned or electronically completed forms to an email and send to us at:

**[customerservice@weatrust.org](mailto:customerservice@weatrust.org)**

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.