

NOTICE OF UNAVAILABILITY OF COBRA COVERAGE

[Enter date of notice]

Dear: [Identify the qualified beneficiary(ies)]*

The Plan Administrator of the Company's group health plan was notified on [insert date] of the occurrence of a COBRA qualifying event, a second COBRA qualifying event, or a determination of disability by the Social Security Administration regarding a covered employee, qualified beneficiary or other individual. However, the Plan Administrator has determined that you and your dependents, if any, are NOT ENTITLED to COBRA continuation coverage (or an extension of COBRA continuation coverage, if requested) under the Company's group health plan. Thus, your coverage under the Company's group health plan will terminate on [insert date].

The reason you are not entitled to COBRA continuation coverage is as follows:

[Insert description of reason]

Appeal Procedure

You may appeal this decision if you believe you have been improperly denied the right to COBRA continuation coverage. The procedures to appeal this decision are as follows:

[Insert description of appeals procedures]

Other Coverage Options

You may have other coverage options available to you. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. More information on the Marketplace is available at www.healthcare.gov. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

Additional Information

Contact the Plan Administrator at [insert contact information] if you have questions about this notice or your COBRA rights.

** If any listed individual does not reside at this address, please immediately notify the Plan Administrator so that we may provide a copy of this notice to that individual.*