

[IMPORTANT: The information and materials contained herein should not be considered or relied upon as legal advice on specific factual situations. Users are urged to consult legal counsel concerning particular situations and specific legal questions.]

NOTICE REGARDING COBRA

[THIS DOCUMENT SHOULD BE TYPED ON COMPANY LETTERHEAD]

[Date]

[Employee, Name and Address]

Dear [employee]:

Because of [qualifying event], your group health coverage is scheduled to end as of [date]. Attached is a notice informing you of your right under COBRA to elect continuation coverage of your health insurance at your expense. You have sixty (60) days from the date of this notice to elect coverage. Your election must be in writing. There is a form attached to the notice for your convenience. If you choose to elect continuation coverage, your monthly premium will be [amount].

Please review the enclosed notice carefully. If you have any questions, please contact [whom at company who administers employee benefits].

[company's usual salutation]