

COBRA Notice of Unavailability

[Date of Notice]

[Name]

[Mailing address]

Dear [Name],

[Name of COBRA administrator] has received your request for COBRA continuation coverage through [Company name]'s group health care plan.

We have determined that COBRA continuation coverage is unavailable to you and your covered dependents for the following reason(s):

[Insert a description of the reason for unavailability of COBRA coverage]

If you have questions or wish to appeal this decision, please contact [COBRA administrator's name and contact information] for assistance.

Sincerely,

[Name]

[Title]

[Mailing Address]