[Date of Notice]

[Employee, Spouse and Covered Dependents Last known mailing address]

This notice pertains to your COBRA continuation coverage under [Name of the plan(s) under which COBRA coverage will terminate]. It is important that all covered individuals read this notice. Please advise [Name of COBRA administrator] immediately if there is a covered dependent not living at the above address.

Coverage under the plan(s) named above ceased or will cease on [last day of coverage] for the following individuals:

[insert name(s) of qualified beneficiary(ies) who are losing coverage]

COBRA continuation coverage terminated or will terminate for the following reason:

_____ A required premium was not paid in full on time.

_____ A qualified beneficiary became covered, after electing continuation coverage, under another group health plan that does not impose any preexisting condition exclusion for a preexisting condition of the qualified beneficiary.

_____ A covered employee became entitled to Medicare benefits (under Part A, Part B or both) after electing continuation coverage.

_____ The employer ceased to provide any group health plan for its employees.

_____ For cause (i.e., fraud): ______________________________________

[Describe any rights the qualified beneficiary may have to elect alternative group or individual coverage, such as a conversion right.]

If you believe that your COBRA coverage should not have been terminated, you can request us to reconsider our determination by filing an appeal as follows:

1. Send a written appeal to [Name and Address] within 30 days of your receipt of this notice.

2. Explain why you believe your COBRA continuation coverage was improperly terminated and include all information you wish to be reviewed. Be sure to include your name, current address and the names of any covered dependents you wish to include in your appeal.

If you have any questions regarding the information in this notice, you should contact:

[Name of COBRA administrator, Telephone Number and Address].

Sincerely, [Name]