

[Date]

Dear [Name]:

Thank you for your check in the amount of \$[amount] submitted for your COBRA premium payment for the month of [month, year] which was received by us on [date]. Unfortunately, the payment you submitted was insufficient to cover the cost of your premium for the month. As we advised you previously (see attached copy of our previous correspondence) your monthly COBRA premium is [amount].

If you wish to continue your COBRA coverage under this plan, we must receive payment in the amount of \$[amount] within 30 days from the date of this notice which would be [date].

PLEASE BE SURE TO SUBMIT A SEPARATE CHECK FOR THIS AMOUNT AND ENCLOSE IT WITH THIS LETTER INDICATING YOUR CHOICE BELOW.

Sincerely,

[Name]

Plan Administrator

I have received notification of underpayment. In accordance with this notice I am responding that:

I wish to end my coverage under this plan effective with the last month for which full payment was submitted.

I wish to continue my coverage. A check for the underpaid amount specified above is attached.

Print name: _____

Signature: _____ Date: _____

Please return this form to [name and address].