

**NOTICE OF UNAVAILABILITY OF COBRA COVERAGE**

\_\_\_\_\_ ("Employer")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( )

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ acting on behalf of \_\_\_\_\_  
\_\_\_\_\_ ("Plan Administrator"), the plan administrator for the Welfare Benefit Plan ("Plan")

Date: \_\_\_\_\_, 20\_\_

**Re: Notice of Unavailability of COBRA Coverage**

**Facts Regarding Your Notice**

On \_\_\_\_\_, 20\_\_, we received your notice of the occurrence of a(n):

- initial qualifying event
- second qualifying event
- Social Security Administration disability determination

related to Federal COBRA coverage for *(list type(s) of benefit(s) affected)*: \_\_\_\_\_  
benefits under the Plan.

Your notice stated that the following individuals *(list names of qualified beneficiaries)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

("Applicant(s)") are qualified beneficiaries entitled to:

- begin
- an extension of

COBRA coverage because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Determination of Unavailability**

Your notice was reviewed by \_\_\_\_\_, acting on behalf of the Plan Administrator for the Plan. *(Complete (a) if none of the listed Applicants are entitled; complete (b) if only some of the listed Applicants are not entitled to the requested coverage.)*

a.  The Applicant(s) listed above are not entitled to COBRA continuation coverage for the following benefits:

because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b.  Some of the Applicant(s) (see list below) are not entitled to COBRA continuation coverage for the following benefits:

because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For purposes of (b), the following Applicant(s) are not entitled (*list names of qualified beneficiaries not entitled*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conclusion**

Accordingly, as indicated in and with respect to the Applicant(s) as identified in (a) or (b) above, there will be:

- no COBRA coverage.
- no extension of the original COBRA coverage.

**Request for Updated Information**

If any of the individuals named above does not reside with you at the above address, we request that you immediately notify the Plan Administrator, in care of the Employer, at the address and telephone number above, so that we may provide a copy of this Notice to those individuals.

**Questions**

If you have any questions regarding the information in this Notice, you should contact the Plan Administrator, in care of the Employer, at the above address.

**Disclaimer:** This material is copyrighted material protected by U.S. copyright law. All rights are reserved. Any reproduction, distribution, or modification of these materials without the express written consent of the copyright owner is strictly prohibited.

6/27/2005@PFDesktop\.:ODMA\WORLD\OX\F:\DOCS\WD\20513\7\A0365933.WPD