**Paula Middleton**

100 Broadway Lane, New Parkland, CA, 91010

[Phone]

**example-email@example.com**

Dear Ms. Moorehead,

This letter is to formally let you know that as of September 30th, 20XX, your benefits coverage with COBRA will be terminated. As such, you nor any of your dependents will be eligible for dental, health and vision plans under the company’s health plan. A detailed account of this action is included with this letter.

We recently mailed you a packet concerning the best ways to continue coverage under COBRA. You have 30 days from the date of receipt to respond to that package, otherwise you will have to wait until the next enrollment period. This will not be until next year.

Please note that continuing coverage is not guaranteed, especially if you let the time period lapse. If you choose to stay, you will be responsible for any and all premiums under the coverage. You have the option of continuing your current group insurance or you can apply for a conversion to an individual policy which can only into effect after any current coverage expires.

If you have any concerns or questions about this, feel free to direct them to a COBRA administrator using any of the information you will find on the attached documentation. They are available 24/7 and ready to support you any way they can.

Best regards,

Paula Middleton