

SAMPLE

Notice of Unavailability of Continuation Coverage

[Enter date of notice] (must be sent within 14 days after receipt of the notice of a qualifying event, second qualifying event or a request for a disability extension)

Dear: *[Identify the qualified beneficiary(ies), by name or status requesting coverage]*

This notice is being sent in regards to your recent request to elect continuation coverage. We are denying your request for continuation coverage because *[reason continuation coverage was denied. Examples: a). you have already received and exhausted the continuation coverage requirements, b). you are not a qualified beneficiary c). the only plan available has a service area requirement and you reside outside of the service area]*.

If you have any questions about this notice or your rights to continuation coverage, you should contact *[enter name of party responsible for continuation coverage administration for the Plan, with telephone number and address]*.

Sincerely,