Notice of Unavailability of COBRA Continuation Coverage

On _____, we received your notice of a qualifying event for COBRA continuation coverage under _____.Your notice stated that you're a qualified beneficiary entitled to COBRA continuation coverage because of _____

_____

_____

Your notice was reviewed by the plan administrator or their designee. The name of the plan administrator and the plan administrator's contact information are at the end of this notice. Upon review, the plan administrator has determined that _____ is not available to _____ because _____

_____Therefore, you're not entitled to _____ and your coverage under the plan terminated or will terminate on _____.

If any of the addressees named above doesn't live with you at the above address, please let us know so we can provide a copy of this notice to those individuals.

If you have any questions, contact the plan administrator.

Plan Contact Information

Plan administrator: _____

Contact: _____

Address: _____

_____

_____

Phone number: _____