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SAMPLE
NOTICE OF UNAVAILABILITY OF COBRA CONTINUATION COVERAGE

[*enter date of notice*]

Dear: [*identify by name or status, e.g., Ms. Jones or Member or Former Member*]

We received recent notice from you indicating that the following event had occurred [*check appropriate box*]:

- You became divorced from our subscriber.
- You lost status as a dependent child under the subscriber's Plan.
- You experienced a second qualifying event while on COBRA continuation coverage following an employee's termination of employment or reduction in hours qualifying event.
- You were determined by the Social Security Administration to have been disabled by or before your 60th day of COBRA.

We believe that you provided this notice to trigger a right to COBRA continuation coverage or a right to extended COBRA continuation coverage. It is our conclusion that you do not qualify for that COBRA continuation coverage or additional COBRA continuation coverage for the following reason [*check appropriate box*]:

- You failed to provide notice of your divorce or loss of dependent child status within 60 days of that event, as required under the Plan.
- Your divorce from the subscriber is not yet finalized.
- You did not lose dependent child status under the subscriber's Plan.
- You did not experience a second qualifying event while on COBRA continuation coverage, because the event of which you provided notice would not have caused a loss of coverage under the Plan in the absence of the original termination of employment or reduction in hours qualifying event.
- You did not provide notice of the determination that you were disabled within 60 days of the date the Social Security Administration made that determination.
- You did not provide notice of the Social Security Administration's determination that you were disabled until the COBRA continuation coverage that you seek to extend had been exhausted.
- The Social Security Administration's determination was that you became disabled more than 60 days after beginning your COBRA continuation of coverage.
- Other

If you have questions about this notice and its determination that you do not have rights to COBRA continuation or additional COBRA continuation, you should contact [*enter name of party responsible for COBRA administration for the Plan, with telephone number and address*].