

Important Information About Your Health Coverage

Dear [Employee's Name],

We are writing to inform you about the transition of your health coverage following the termination of your employment with [Company Name] on [Termination Date].

Your health insurance coverage will officially end on [End Date]. However, you may be eligible for continuation of your coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). This option allows you to maintain your current health insurance benefits for a limited period.

If you wish to elect COBRA coverage, you must notify us by [Notification Deadline]. Detailed information on COBRA eligibility, coverage options, and costs is enclosed with this letter.

If you have any questions regarding your health coverage or would like to discuss your options, please feel free to reach out to our HR department at [HR Contact Information].

Thank you for your contributions to [Company Name]. We wish you all the best in your future endeavors.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]