

MEMORANDUM (Sample)

Date:

To: Employee/Dependents

From:

Re:

Employer Name

Important Notice About Your COBRA Rights

You and your dependents, if any, are covered participants under the Employer Name group health insurance. Under the Federal Law known as COBRA, we are required to provide you with the enclosed COBRA notification. This notice does not mean you are losing your health insurance. This notice simply outlines covered participants future options and notification obligations under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) should you ever lose health insurance in the future for certain reasons.

Step 1: Please read the notice carefully. It is important that each individual covered under the plan read the notice and be familiar with the information.

Step 2: If there is a covered dependent whose legal residence is not yours, please provide in writing to the Employer Name, the appropriate address so that a separate notice can be sent to them as well.

Step 3: Understand your COBRA notification obligations. You or a covered spouse/dependent are required to notify the plan administrator of a divorce/legal separation or if a covered dependent ceases to be a dependent under the terms of the group health plan. Please take special note of the section in the notice that details your notification obligations and the appropriate steps to take when making this notification. Should you fail to follow the notification procedures, any available rights under COBRA will be lost.

Step 4: Place this notice in your records for future reference.