

Cal-COBRA – Notice to Employee

[Date]

From: [Company Name]

To: [Qualified Beneficiaries]

The Company's [Type of Plan] will no longer be available as of [Date].

You are eligible to enroll in [New Plan Name] for the duration of your Cal-COBRA continuation coverage. We have enclosed benefits information, premium information, enrollment forms, and instructions. The deadline for enrollment is [date]. If you have any questions or concerns, please contact [Name] at [Number].

Send the enrollment information to the representative:

[Name]

[Title]

[Company Name]

[Address]

[City, State, Zip]