**SAMPLE COBRA NOTICE OF UNAVAILABILITY (INELIGIBLE)**

***NOTE: This notice must be customized according to your school’s plan particulars and the employee’s specific situation. The notice must explain why an individual is not entitled to continuation of coverage. The plan administrator must provide the notice within 14 days after receiving a notice of qualifying event from a participant, beneficiary or other individual.***

[Date of Notice]

[Employee, Spouse and Covered Dependents Last known mailing address]

Dear [Name],

It is important that all covered individuals read this notice. Please advise [Name of COBRA administrator] immediately if there is a covered dependent not living at the above address.

Effective on [date coverage ceases] you are no longer covered by the employer-sponsored [INSERT NAME OF Coverage/Plan Name] plan. **This means claims for service on or after this date will not be paid.**

Your loss of coverage is a result of [event] on [event date]. Under COBRA, some events and subsequent loss of coverage entitle you to continue your coverage under this plan. However, given the circumstances you described and any documentation you may have provided, [Company Name] has determined that COBRA is unavailable to you and your covered dependents because:

[insert description of reason for unavailability of COBRA coverage]

If you have questions or wish to appeal this decision, please contact [COBRA administrators name and contact information] for assistance.

Sincerely,

[Name]