

At the time of publication, a model of the following notice had not been provided in or as an appendix to any governmental regulations. Regence BlueShield of Idaho has prepared this sample to assist employers and plan administrators in the drafting of their own notices, but makes no representation regarding the acceptability or sufficiency of this sample. Regence BlueShield of Idaho does not assume responsibility for updating these materials as changes in the law, rules, regulations, and interpretations occur, nor does it assume responsibility or liability for decisions or actions made in reliance on this material. This material is not intended to supply legal advice or solve individual problems. Such advice and solutions should be sought through consultation with an attorney.

**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*].