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NOTICE OF UNAVAILABILITY OF COBRA CONTINUATION COVERAGE

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Dear

You are receiving this notice because you recently made a request for COBRA continuation coverage. It is important that you read this notice carefully. The covered dependents enrolled in your UC-sponsored health (medical, dental and/or vision) plans should also read this notice.

We must notify you that you are not entitled to COBRA continuation coverage for the reason indicated below. Therefore, your coverage under your UC-sponsored health plan(s) will end (or ended) on _____.

- You were not covered by the health plan(s) on the date of the qualifying event.**
- No qualifying event has occurred that would entitle you to COBRA continuation coverage.** Qualifying events that would entitle you to COBRA continuation coverage are the employee’s termination of employment or reduction of hours (leave without pay or layoff); the employee’s/retiree’s divorce, legal separation, annulment, or termination of domestic partnership; the death of the employee or retiree; or the loss of eligibility for a child, grandchild, or adult dependent relative. Our records indicate that none of these events have occurred.
- You did not furnish notice to UC of your qualifying event in a timely manner.** For certain qualifying events (such as the employee’s/retiree’s divorce, legal separation, annulment, or termination of domestic partnership; or the loss of eligibility for a child, grandchild, or adult dependent relative), you are required to notify UC within 60 days of the date of the qualifying event or the date coverage is lost as a result of the qualifying event, whichever is later. We did not receive notice within the required timeline.
- You did not provide us with complete information to be able to determine that you are entitled to COBRA continuation coverage (within 60 days of the date of the qualifying event or the date coverage is lost as a result of the qualifying event, whichever is later).**
- You provided us with incomplete information; therefore, we are unable to determine whether you are entitled to COBRA continuation coverage. However, you may still have time to submit the required information.** Please provide us with the following information as soon as possible and within 60 days of the date of the qualifying event or the date coverage is lost as a result of the qualifying event, whichever is later: _____.
- Our records indicate that the employee’s employment was terminated due to gross misconduct. Termination of employment due to gross misconduct is not a qualifying event.**

(continued)

For detailed information about COBRA continuation, please see the UC HR/Benefits website (atyourservice.ucop.edu; select "Forms & Publications" under "Quick Links").

If you or your covered dependents have any questions about this notice or your rights to COBRA continuation coverage, please contact the office listed below.

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