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Sample Conversion to Individual Coverage Notice Letter

March 1, 2000

**Alfred E. Roberts
2400 Pilot Knob Road
St. Paul, MN 55122**

Dear **Mr. Roberts**:

Your continuation in the XYZ Company Group Health Care Plan will terminate on **September 1, 2000**. As a COBRA continuation enrollee who will have exhausted your continuation benefits on that date, you are eligible to apply for non-group conversion coverage of the type then in effect when application is made. This right to convert allows you to enroll for health care coverage without providing evidence of good health.

Your right to convert is exercised by making application to the (Group Health Plan Vendor). Application must be made within 31 days of the date you have exhausted your COBRA continuation coverage. If elected, your conversion coverage takes effect on the date your group coverage under COBRA continuation coverage ends. You must submit payment with your application for conversion. Contact the department listed below to obtain a conversion to individual policy application.

(Group Health Plan Vendor)
(Phone Number)

If you have any questions regarding this conversion notice, please contact (Plan Administrator) at (Phone Number).

Sincerely,

Plan Administrator