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and appreciate the opportunity of assisting your
organization.**

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<Date>

<Mr. John Doe>
<Any Address>
<,Any Town, USA 55555>

Dear <Mr. Doe>:

Due to <Qualifying Event> you have certain continuation privileges under your prior medical plan with the Company.

The attached Notice and Election Form are provided to you in accordance with the federal law known as "COBRA" (The Consolidated Omnibus Budget Reconciliation Act).

If you have any questions regarding this continuation notice, please contact <Name> at <Phone Number>.

Sincerely,

<Name>
<Position>