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organization.**

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NOTICE OF END OF DISABILITY/WORKERS' COMPENSATION LEAVE AND CONTINUATION OF COBRA COVERAGE

LENGTH OF COVERAGE

Provided you elect coverage, your coverage will last _____ more months. This number of months is the remainder of your total eligible 18 months under COBRA. The total 18-month period may be extended in the following circumstances:

- Death of employee, divorce, legal separation or change in dependent status.
- Employee's entitlement to Medicare.
- Disability before, at, or within 60 days of the qualifying event, provided the Plan Administrator is notified within 60 days of the determination date of the disability.
- Bankruptcy filing.

TERMINATING COBRA COVERAGE

COBRA coverage for you and any dependent children may terminate early under the following circumstances:

Required premium payment is not paid when due.

You become covered under another group health plan that does not limit or exclude coverage for your pre-existing conditions.

You become entitled to Medicare benefits.

The company's group health plans terminate.

Coverage is extended to 29 months because of disability and you no longer are disabled.

COBRA coverage is provided based on your eligibility. The Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage. You should keep your Plan Administrator informed of any address changes to ensure you and your dependent children receive necessary information concerning your rights. This notice is only a summary of your COBRA rights. Contact the Plan Administrator with specific questions.