{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: NOTICE OF COBRA TERMINATION FOR THE** **{PLANNAME} PLAN**

Dear {stdMbrSalutation}:

According to our records, your COBRA continuation coverage through the NDPERS group {PLANNAME} plan will terminate on {CobraExpirationDate}. There may be coverage options through the Federal Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. To find out more about the Marketplace, please visit [www.healthcare.gov](http://www.healthcare.gov).

Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

If you need a Certificate of Coverage, please contact the insurance company directly.

{x if PLANNAME = HEALTH}

If you are receiving a retirement benefit from an eligible plan (NDPERS, NDHPRS, TFFR, TIAA/University System), you may be eligible to enroll in the NDPERS’ Dakota Retiree Plan. Please contact NDPERS for additional information.

{x endif}

{x if PLANNAME != HEALTH}

{x endif}

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division