

JANICE K. BREWER
Governor



WILLIAM BELL
Director

ARIZONA DEPARTMENT OF ADMINISTRATION

Benefit Services Division

100 N 15TH AVE, SUITE 103
PHOENIX, ARIZONA 85007
(602) 542-5008

2/5/2009

Jane Smith
123 ABC Rd.
Phoenix, AZ. 85007

Dear Mr. / Ms. Jane Smith all eligible dependents:

This letter is to inform you that you will no longer have benefits with Benefit Options as of **02/06/09** because of the following:

Your spouse's death **Your divorce or legal separation** **Your spouse's entitlement to Medicare**

Under the Federal Law referred to as Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), this is a "qualifying event" that entitles you to elect continued coverage, if you complete and submit the enclosed COBRA Enrollment Form within 60 days of the date of this letter. You are eligible for COBRA coverage through **2/6/2012 (36 months)**

Your COBRA continuation coverage may terminate early if (1) health coverage is no longer offered to any active employees, (2) you do not make the required payments in a timely manner, (3) you, your spouse, or your dependent children become covered under another group health plan that does not effectively limit coverage for any pre-existing condition, (4) you, your spouse, or your dependent children become entitled to Medicare, or (5) coverage was extended due to disability and the individual is determined to no longer be disabled.

Please refer to the enclosed Enrollment Form for current rates and the COBRA Benefit Guide for additional information.

For questions regarding COBRA, please contact Samantha Roberts at 602-542-5008/800-304-3687.

Sincerely,

Samantha Roberts
COBRA Analyst