

C"hgf gtcn'rcy "eqo o qpn{ "tghgtgf "vq"cu"öEQDTCö"tgs wktgu"j cv'o quv"go r mq{gtu"ur qpuqtłpi "i tqwr "j genj "r rcpu"qlhgt" employees and their families the opportunity for a temporary extension of health coverage (called COBRA "continuation coverage"), at group rates and at full cost, in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of this law. **(If married, both you and your spouse should take the time to read this notice carefully.)**

**[Note: You may have other options available to you besides COBRA continuation coverage when you lose group health coverage.** For example, you may be eligible to buy an individual medical plan through the Health Insurance

