

{B001}

{M005}

{B011}

Dear {M011}:

Your Benefits Continuation Plan allows you to continue group medical benefits for yourself and your covered dependents, if any, for a period of up to {M012} from your Qualifying Event Date of {M026}, if you were covered by the plan for at least three months prior to your loss of coverage, in exchange for your paying the applicable premium for the coverage. Your continuation coverage can commence on {M013}, the first day after your coverage for the regular group benefits ends due to {M014}.

You must request coverage from the insurance carrier and pay the first premium within 31 days of the {M013}. Future premiums will be billed to you by the insurance carrier, as applicable.

If you would like to continue in these benefit plan(s), or if you are interested in converting your group disability coverage to individual coverage, please contact the insurance carrier for the plan, {M194} at {M196}.

If you have any questions about the coverage, its length or the premiums due, please call {M016} at {M017} during regular business hours.

Sincerely,

{M018}

{M019}