Dear COBRA Participant:

*Client Name* is offering annual Open Enrollment from *(Enter from and through dates here)*, where you will have the opportunity to make changes to your benefit plans. You may add or delete dependents to your coverage as well. Changes made will be effective *(Enter date here).*

Below are rates:

|  |  |  |
| --- | --- | --- |
| **Available Plans** |  | **Monthly Rates****Per Coverage Level** |
| Plan name as listed in the Portal | IndividualIndividual + SpouseIndividual + Child(ren)Family | $$$$ |
| Plan name as listed in the Portal | IndividualIndividual + SpouseIndividual + Child(ren)Family | $$$$ |
| Plan name as listed in the Portal | IndividualIndividual + SpouseIndividual + Child(ren)Family | $$$$ |
| Plan name as listed in the Portal | IndividualIndividual + SpouseIndividual + Child(ren)Family | $$$$ |
| Plan name as listed in the Portal | IndividualIndividual + SpouseIndividual + Child(ren)Family | $$$$ |

**Open Enrollment Requirements:**

The Open Enrollment forms only need to be returned if you are making any changes to your current plan(s) or coverage level. Not returning the forms will result in a continuation of your current plan/coverage level.

**Please email the enclosed COBRA Enrollment Form to service@myameriflex.com**

**If you have any questions, please contact Ameriflex at:**

Phone: 888-868-3539

**\*\* Reminder:** **All COBRA enrollment forms must be sent via email no later than midnight on *(Enter date here)*. Please make sure your email has been successfully sent and that its date and time stamp are before the cutoff.**