



# STATE CONTINUATION

Continuation of Coverage in NC for groups under 20 Employees  
Sample Letter for Terminated Employees

[Date]

EMPLOYEE  
ADDRESS

Dear \_\_\_\_\_:

In accordance with State Law, you are eligible to continue your health plan under which you and your dependents are currently covered for a period of up to 18 months.

Your current medical rate is \$\_\_\_\_\_. Each payment is due to the employer the 1<sup>st</sup> of the month. If we do not receive payment on time, your State Continuation coverage will end due to non-payment. If the Company's group rating increases at the renewal date, you will be notified and your premium will be adjusted accordingly. The premium is due before the first of each month for coverage to be continued. Please notify me within 60 days from the date of this letter and complete the included continuation form if you intend to elect State Continuation.

If you have any questions, please do not hesitate to contact me immediately.

Sincerely,

\_\_\_\_\_

Please check one block and sign

I have been covered under the group health insurance program for the past three months. My employment is ending and I want to continue my group coverage for up to eighteen additional months by paying the entire fee to you, monthly, in advance.

My last day of employment is \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

I do not want to continue my group coverage

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed