

EMPLOYER LETTERHEAD

DATE: _____

Notice to Former Employees:

The American Recovery and Reinvestment Act of 2009 (ARRA) provides for government-funded COBRA premium assistance and additional election opportunities for COBRA continuation coverage in some cases.

You are receiving this notice because you experienced a loss of coverage from the State and School Employees' Health Insurance Plan at some time from September 1, 2008 through February 16, 2009 and elected COBRA continuation coverage, chose not to elect COBRA at that time, OR elected COBRA but subsequently discontinued that coverage.

If your loss of health insurance coverage was due to an involuntary termination of employment and you did not elect COBRA or subsequently discontinued coverage, you may be eligible for a second COBRA election opportunity and the temporary premium reduction for up to nine months. If you currently have COBRA, you may be eligible for the temporary reduction in COBRA premium.

To help determine whether you can get the ARRA premium reduction, you should read this notice and the enclosed documents carefully. In particular, reference the *Summary of the COBRA Premium Reduction Provisions under ARRA* with details regarding eligibility, restrictions, and obligations, and the *Request for Treatment as an Assistance Eligible Individual*, included in the enclosed *COBRA Continuation Coverage Election Notice* packet.

If you believe you meet the criteria for the temporary premium reduction, complete the *Request for Treatment as an Assistance Eligible Individual* form, and return it along with page 1 of the *COBRA Continuation Coverage Election Notice*, and your completed *COBRA Continuation Coverage Election Form* to Blue Cross & Blue Shield of Mississippi, P.O. Box 23734, Jackson, Mississippi 39225.