Dear COBRA Participant:

*Ameriflex will be your new COBRA administrator starting (enter date). Client Name* offers 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 | Individual  Individual + Spouse  Individual + Child(ren)  Family | $  $  $  $ |
| Plan name as listed in the Portal | Individual  Individual + Spouse  Individual + Child(ren)  Family | $  $  $  $ |
| Plan name as listed in the Portal | Individual  Individual + Spouse  Individual + Child(ren)  Family | $  $  $  $ |
| Plan name as listed in the Portal | Individual  Individual + Spouse  Individual + Child(ren)  Family | $  $  $  $ |
| Plan name as listed in the Portal | Individual  Individual + Spouse  Individual + Child(ren)  Family | $  $  $  $ |

**Open Enrollment Requirements:**

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. Once this form is received, we will be sending you additional information on how to enroll online and make payments.

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

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

Phone: 888-868-3539