Notice of Special One-Time Enrollment Opportunity

This notice contains important information about a modification to your enrollment rights under the [insert name of group health plan ] (the Plan). You should read this information carefully.

Your plan administrator is offering employees who did not enroll in the Plan a Special One-Time Enrollment Opportunity. During this limited period, employees who did not enroll in the Plan will be allowed to elect coverage. Employees who previously elected self-only coverage will be able to change their election to include eligible dependents, so long as they are enrolled in the same coverage that you are enrolled in under the Plan.

If electing coverage, your Special One-Time Enrollment Opportunity will last from [insert start date] to [insert stop date, but no later than December 31, 2013.] Coverage will be effective as of January 1, 2014, provided your plan administrator receives your properly completed enrollment form and any required contribution for coverage during the special one-time enrollment period.

This Special One-Time Enrollment Opportunity expires as of [insert stop date, but no later than December 31, 2013.]

Keep this Notice in the same place you keep your other important documents regarding your group health plan coverage, such as your Summary Plan Description or Certificate of Coverage. For more information, contact the [insert plan administrator] at [insert contact information].