



# ***Town of Ashland, Massachusetts***

**101 Main Street, 01721-1191**

**For more information please visit us at [www.ashlandmass.com](http://www.ashlandmass.com)**

## **COBRA RIGHTS**

**To: Employee and or Spouse**

**From: Town of Ashland**

**Regarding: Important Notice about Your COBRA Rights**

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**Please read the enclosed notice regarding your health benefits continuation coverage under COBRA. We are providing this notice at this time to fulfill our obligation under the COBRA Federal Law. We are required to notify every covered employee of their rights to continuation of coverage if you, your spouse or one of you children (if any) experience a qualifying event as explained in this notice.**

**The Group Insurance Commission is our COBRA plan Administrator. GIC will be notified if you experience a COBRA qualifying event and will provide you with the necessary materials regarding COBRA.**

**Please sign acknowledging the fact that you have received your COBRA Rights Information.**

**Employee Name (Please Print):**

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**Employee Signature:**

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**Date:**

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