

Date:

To:

From:

The purpose of this letter is to acknowledge receipt of your (written or verbal) resignation received on (date). We accept your voluntary resignation effective (date).

As a resigning employee you are entitled to continue your current health care coverage under Cobra. Your current benefits coverage will continue through _____. Under COBRA, you are entitled to continue your health insurance for eighteen (18) months. COBRA is administered by WageWorks, Inc. If you have not received a COBRA package within fifteen (15) days of your resignation effective date, you should contact the Benefits Office at (773) 702-9634.

We wish you well in your future endeavors.

Sincerely,

(supervisor or administrator signature)

cc: Employee's File