[Date]

[Contractor Name]
[Contractor Address]
[City, State, Zip Code]

Subject: Notification of Health Coverage Options Post-Contract Termination

Dear [Contractor Name],

This letter is to inform you that your contract with [Company Name] will end on [End Date]. As a result, your participation in the [Name of Health Plan] will terminate effective [Coverage End Date].

Please be advised that because you are an independent contractor and not an employee, you are not eligible for federal COBRA continuation coverage. However, we would like to provide you with information regarding alternative options to ensure you maintain continuous health coverage:

- **Health Insurance Marketplace:** You may be eligible to enroll in a plan through the Health Insurance Marketplace (Healthcare.gov) during a Special Enrollment Period due to your loss of coverage.
- **Private Insurance:** You may contact insurance providers directly to purchase individual or family health plans.
- **Professional Associations:** If you belong to any professional guilds or trade organizations, they may offer group-rate health plans for independent contractors.

If you have questions regarding your final transition or need documentation regarding your loss of coverage to provide to a new insurer, please contact [Contact Person/Department] at [Phone Number/Email].

Thank you for your contributions to [Company Name], and we wish you the best in your future endeavors.

Sincerely,

[Your Name]
[Your Title]
[Company Name]