



# UNITED STATES DEPARTMENT OF LABOR

## Employee Benefits Security Administration

June 2, 2009

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## Application For Review Of Denial Of COBRA Premium Reduction

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**General Information:** If you or a family member has lost employment, a new law may make it possible for you to keep your employment-related health coverage. The American Recovery and Reinvestment Act of 2009 (ARRA) provides for premium assistance for health benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985, commonly called COBRA. The premium assistance is also available for continuation coverage under certain State laws. For coverage periods beginning on or after February 17, 2009, assistance eligible individuals pay only 35% of their continuation coverage premiums to the plan for the first nine months. The remaining 65% is reimbursed to the plan, employer, or health insurance issuer through a payroll tax credit.

To be eligible for assistance, you must meet All of the following requirements:

- Be eligible for continuation coverage under COBRA or a State law that provides comparable continuation coverage (for example, so-called "mini-COBRA" laws) at any time during the period beginning September 1, 2008 and ending December 31, 2009;
- Elect continuation coverage (when first offered or during the additional election period); and
- Have a qualifying event for the continuation coverage that is the employee's involuntary termination during the period beginning September 1, 2008 and ending December 31, 2009.

The applicant (person requesting review of a denial of premium assistance) may either be the former employee or a member of the employee's family who is eligible for COBRA continuation coverage or the COBRA premium assistance through an employment-based health plan. The employee and his/her family members may each elect to continue health coverage under COBRA, request the premium assistance, and request a review of a denial of premium assistance.

If you believe you are eligible for COBRA continuation coverage and for this premium reduction through a private sector health plan sponsored by an employer generally with at least 20 employees, but your request for these benefits or the reduced premium has been denied, you may apply to the U.S. Department of Labor to review the denial. If your continuation coverage is provided through a Federal, State or local government plan, or if it is provided pursuant to State insurance law, you should direct your request for review to the [Department of Health and Human Services](#).

**Applying For Review:** Answer all of the questions on the application to the best of your knowledge and ability. If you don't know the answer to a question you may check the box marked "Unsure or N/A." (N/A stands for "not applicable.") Please include copies of any documents that you think would help the Department in its review of your application, examples of which are listed in the attached instructions. Provide your complete contact information (daytime phone number, an alternate phone number, and an email address, if available) so that the person reviewing your application can contact you with any questions or if additional information is needed. The Department of Labor will not review your denial until you submit a properly completed application form. A separate application(s) must be completed for any family member whose plan information is not identical to the information

you provide. Keep a copy of the application(s) submitted for your records. Note: In the course of its review, the Department may need to share information on this application with your employer or plan administrator.

■ [Webcasts](#)

You are encouraged to complete your application online or you can fax or mail the completed application, along with your attachments, to:

**Fax to:**

U.S. Department of Labor  
Employee Benefits Security Administration  
Attn: COBRA Appeals  
Fax number: 202.693.8849

**Mail to:**

U.S. Department of Labor  
Employee Benefits Security Administration  
Attn: COBRA Appeals  
P.O. Box 78038  
Washington, DC 20013-9038

**For Assistance:** If you have questions on how to complete this form or about eligibility for COBRA or the COBRA premium reduction, please see our web site at [www.dol.gov/COBRA](http://www.dol.gov/COBRA). You may also call a DOL benefits advisor toll-free at 1.866.444.3272. Benefits advisors can assist you with questions, but cannot complete or take your application for review by phone.

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Text Telephone: 1.877.889.5627  
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