

# Application for Review of Denial of COBRA Premium Reduction Instructions

**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 at [www.cms.hhs.gov/COBRAContinuationofCov/](http://www.cms.hhs.gov/COBRAContinuationofCov/).

**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.

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.

**Submitting additional documents if you previously submitted an application:** Go to [www.askebsa.dol.gov/COBRA/CobraAppUpdate.aspx](http://www.askebsa.dol.gov/COBRA/CobraAppUpdate.aspx).

## Quick Check on your Eligibility

**Attention:** Before you get started, do a quick check on your eligibility for the COBRA premium reduction.

If -

- you were covered by the employer's group health plan on the last day of the employee's employment\*;
- there is an ongoing health plan responsible for providing COBRA continuation coverage;
- the employee's job termination was involuntary\*\* and occurred during the period beginning September 1, 2008 through December 31, 2009; and
- you are eligible for COBRA at any time during that period due to the employee's job loss and not divorce, legal separation, entitlement to Medicare, loss of dependent status, or death of the covered employee.

then you may be eligible for the COBRA premium reduction.

If you have questions on how to complete this application 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. If you feel that you have been inappropriately denied the COBRA premium reduction, complete the attached application.

\*Note: newborns, adopted children or children placed for adoption added through special enrollment count as if they were on the plan on the last day of the employee's employment.

\*\*For help in determining what job loss situations are involuntary terminations, see the IRS guidance available at [www.dol.gov/ebsa/pdf/n-09-27.pdf](http://www.dol.gov/ebsa/pdf/n-09-27.pdf).

## What You Will Need To Begin

The Department of Labor's review cannot begin until we have a complete application, including copies of all documentation that you believe would assist the Department in making a determination regarding your application. Before you begin filling out the online application, gather any documentation that you have including copies of the documents listed below. You will need to have each document in an electronic format (see list below), and saved on electronic media (such as your computer's hard drive, disk, or thumb drive). Each document must accompany your application and can be attached to the application by following the instructions in the online application.

Note: If you are filing online, you cannot save your information. Once you have begun filling out the application, if left unattended, you will receive a 15 minute warning and your computer session will time-out after 30 minutes.

### These documents will assist you in completing your application

- COBRA election notice;
- Information on your plan sponsor, employer, insurance company, and/or plan administrator;
- A "Request for Treatment as an Assistance Eligible Individual" or other form used to request the premium reduction;
- Insurance information card;
- Payroll stubs showing deductions for health benefits;
- Any documents detailing the date and circumstances of the termination of the employee's employment; or
- Any documentation you were provided regarding the denial of the premium reduction.

### Acceptable Electronic File Formats

- Plain text (txt or rtf)
- MS Word® (doc)
- MS Excel® (xls)
- Joint Photographic Experts Group (jpeg)
- CompuServe Graphics Interchange (gif)
- Tagged Image File (tiff)
- Bitmap (bmp)
- Adobe Portable Document Format (pdf)