

United States Department of Labor Employee Benefits Security Administration Understanding Your Responsibilities Under COBRA Workshop

Strong fiduciary oversight and protecting workers' benefits is one of the highest priorities of the U.S. Department of Labor. However, we recognize that understanding and complying with DOL regulations can be challenging for any employer, but especially so for small and medium sized employers with limited time, resources and/or access to professional assistance. The Department wants to help.

The Employee Benefits Security Administration (EBSA) will host a free employer workshop: "Understanding Your Responsibilities under COBRA". The workshop will provide an overview of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Attendees will receive information on the written notice requirements; copies of the model notices for plan use, and receive answers to questions related to the more complex administration issues associated with the regulation. Because of the limited number of available spaces we please ask that you make every effort to attend the workshop once you register or send an alternate.

Limited visitor parking is available on-site for the workshop (at a reduced rate). Attendees should request additional information at the time of registration. Additional public parking lots are located nearby at Union Station. For visitors at Union Station parking is free for the first three hours and then \$1 for each additional half hour.

When: September 18, 2008

Where: Two Pershing Square, 2300 Main Street, Suite 1045

Kansas City, Missouri 63108

Time: 8:30 am – 12:30 pm (registration check-in 8:15 am)

Cost: It's free!

Registration: Fax attached form to 816.285.1889 or email to: cobraworkshop@dol.gov

Registrations should be received no later than September 15, 2008. Late

registrations will be accepted based on availability.

More Telephone Fran Gray or Renee Brown at 816.285.1800

Information:

Workshop Registration Form	
Registrants Name:	Title:
1)	1)
2)	2)
3)	3)
Company And/Or Association:	Address:
Telephone/Fax Number:	Email Address:
1)	1)
2)	2)
3)	3)