



**United States Department of Labor
Employee Benefits Security Administration
COBRA Provisions in the American Recovery and Reinvestment Act**



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. The remaining 65% is reimbursed to the plan, employer, or health insurance issuer through a payroll tax credit.

These 90-minute COBRA workshops will discuss the new COBRA provisions including:

- Which qualified beneficiaries are eligible for the COBRA premium reduction?
- How does the premium reduction work?
- How long can a qualified beneficiary get the premium reduction?
- How does the new 60-day extended election period work and who can use it to elect COBRA coverage?
- What new COBRA notices are employers required to provide?
- What penalties apply if an employer or plan administrator fails to comply?

EBSA benefits advisors will be onsite to address your specific questions following the session. Space will be allocated on a first come, first serve basis. Please act quickly to reserve your spot! Workshop and materials provided are free of charge. Visitors must have a valid picture ID and enter through the security checkpoint in the main lobby. ID badges must be worn at all times while in the building. There is parking available around the building and in the immediate vicinity surrounding the building.

When: April 14, 2009; 12:00 pm
Where: U.S. Department of Labor/EBSA
 1222 Spruce Street, Auditorium (Room 2.206)
 St. Louis, Missouri 63103

Registration: Fax this form to 816.285.1889 or call 816.285.1840

For More Information: Telephone workshop coordinator at 816.285.1813

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)