



HAS YOUR REQUEST FOR A REDUCTION OF YOUR COBRA PREMIUM BEEN DENIED?

IF SO, YOU CAN REQUEST AN EXPEDITED REVIEW OF THE DENIAL FROM THE U.S. DEPARTMENT OF LABOR

If you were involuntarily terminated on or after September 1, 2008 and are not eligible for other health coverage (such as a spouse's health plan or Medicare), then you may be eligible for a 65 percent reduction of your COBRA premium for up to fifteen months.

To request the Department's review, use the application at www.dol.gov/COBRA under Review of Subsidy. You can file online, or print a copy and fax or mail it in. The Department must make a determination within 15 business days of receipt of a completed application.

If you have questions about where to find the application or where to file it, contact the Department of Labor at:



1-866-487-2365

or visit

www.dol.gov/COBRA

for more information.



 Application to the U. S. Department of Labor for Expedited Review of Denial of COBRA Premium Reduction 	
<small>OMB Control Number 1210-0135 Exp. Date 11/30/2012</small>	
Applicant's Information * Denotes required information	
*Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Last <input type="text"/> First <input type="text"/> Middle Initial <input type="text"/>	
*Street Address <input type="text"/>	
*City <input type="text"/> State <input type="text"/> Zip code <input type="text"/>	
*Best phone number to reach you during business hours: Home <input type="text"/> Work <input type="text"/> Cell <input type="text"/> Alternate phone number: Home <input type="text"/> Work <input type="text"/> Cell <input type="text"/>	
Email Address: <input type="text"/>	
*Date employment was terminated: <input type="text"/> Date of termination of insurance or group: <input type="text"/>	