



**United States Department of Labor
Employee Benefits Security Administration
COBRA Compliance 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. Participants are responsible for their own parking. The DOL is not responsible for any parking related issues.

Attendees must bring valid picture ID and be processed through the security entrance. The Federal Building does not allow any electronic equipment, including cell phones. Please leave all electronic equipment and cell phones in your vehicle or office location.

Registrations should be received no later than May 9, 2008. Late registrations will be accepted based on availability.

- When:** May 13, 2008
- Where:** William L. Guy FOB/Court House
220 E. Rosser Avenue, Room 166
Bismarck, North Dakota 58501
- Time:** 9:00 am - Noon
- Cost:** It's free! (limit 30 attendees)
- Registration:** Fax attached form to 816.285.1888
Or email to cobraworkshop@dol.gov
For more information call Debbie Palermo or Renee Brown at 816.285.1800

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)