



**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.

The October 15th workshop will discuss general COBRA provisions. The October 16th workshop will discuss the new COBRA ARRA 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?

Please select the workshop you plan to attend. EBSA benefits advisors will be onsite to address your specific questions following each session. Space will be allocated on a first come, first serve basis. Please act quickly to reserve your spot! Workshops and materials provided are free of charge.

When: October 15 & 16, 2009; 10:00 am – 12:00 noon

Where: San Francisco Federal Building
90 7th Street, Room B020 in the basement
San Francisco, California 94103

Registration: Fax this form to 415.625.2499

For More Information: Telephone Dania Kanafani at 415.625.2463

Workshop Registration Form

<input type="checkbox"/> October 15, 2009 COBRA	<input type="checkbox"/> October 16, 2009 COBRA/ARRA
Registrants Name: 1) 2) 3)	Title: 1) 2) 3)
Company And/Or Association: 	Address:
Telephone/Fax Number: 1) 2) 3)	Email Address: 1) 2) 3)

