



# 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 or had your hours reduced on or after September 1, 2008 and then were involuntarily terminated after March 2, 2010 and you 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](http://www.dol.gov/COBRA) under Review of Subsidy Denials. 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](http://www.dol.gov/COBRA)

for more information.



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