



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 nine 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	
OMB Control Number 1210-0135 Exp. Date 11/30/2009		
Applicant's Information * Denotes required information		
*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:		
Home	Work	Cell
Alternate phone number:		Home
		Work
		Cell
Email Address:		
*Date employment was terminated:		
(month day year)		Date of termination of insurance or group health plan benefits, if any: