

FAQs for Participants and Beneficiaries Impacted by Hurricane Helene or Hurricane Milton

U.S. Department of Labor
Employee Benefits Security Administration
November 7, 2024

The Department of Labor (the Department) is providing relief to workers and their families whose access to their job-based health plan coverage and retirement benefits may be affected by Hurricane Helene¹ or Hurricane Milton. If you are impacted by one of these disasters, the Employee Benefits Security Administration (EBSA) is available to answer questions you have about your health coverage or retirement benefits. Please reach out to one of our benefits advisors for help at askebsa.dol.gov or 1-866-444-3272.

This relief extends certain time frames and deadlines that workers and their families must meet to access benefits. Relief is also being provided to employers and employee benefit plan administrators by extending specified time frames and deadlines.

The following FAQs generally apply to employee benefit plans, plan sponsors, plan administrators, employers and employees, labor organizations, and service providers that are:

- 1) covered by Title I of the Employee Retirement Income Security Act, and
- 2) located in an area identified by the Federal Emergency Management Agency (FEMA) for individual assistance after a major disaster declaration was issued for Hurricane Helene² and Hurricane Milton³ (the “Covered Disasters”). Go to FEMA’s website at www.fema.gov/disaster/current for information on identified counties or areas.

If your question is not answered here, you may want to check one of the Department’s other notices:

- **Joint Notice - Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by Hurricane Helene, Tropical Storm Helene, and Hurricane Milton.** This joint notice extends certain time frames regarding a participant’s or beneficiary’s right to healthcare coverage, portability, and continuation of group health plan coverage under COBRA after employment ends. It also extends the time for plan participants and beneficiaries to file or provide necessary information in support of benefit claims or appeals of denied claims.

¹ References to Hurricane Helene include both Hurricane Helene and Tropical Storm Helene.

² As of the date of these FAQs, FEMA issued the following major disaster declaration notices for Hurricane Helene: Virginia Tropical Storm Helene (DR 4831-VA), Florida Hurricane Helene (DR 4828-FL), South Carolina Hurricane Helene (DR 4829-SC), North Carolina Tropical Storm Helene (DR 4827-NC), Georgia Hurricane Helene (DR 4830-GA), Tennessee Tropical Storm Helene (DR 4832-TN).

³ FEMA issued the following major disaster declaration for Hurricane Milton: Florida Hurricane Milton (DR-4834-FL).

This joint notice, which was issued by the Department of Labor, the Internal Revenue Service, and the Department of the Treasury, is available at <https://www.federalregister.gov/public-inspection/2024-26014/extension-of-certain-timeframes-employee-benefit-plans-participants-beneficiaries-qualified>.

- **EBSA Disaster Relief Notice 2024-01.** This notice primarily provides relief to employers and plan fiduciaries impacted by the Covered Disasters in regard to processing of plan loans and distributions, forwarding contributions and loan repayments into the plan, furnishing required notices and disclosures to participants, and filing returns with the government. It also asks plan fiduciaries to make reasonable accommodations to prevent the loss of workers' benefits or undue delay in benefit payments and to minimize the possibility of workers and their families losing benefits because of a failure to comply with pre-established time frames.

This disaster relief notice is available at <https://www.dol.gov/sites/dolgov/files/EBSA/employers-and-advisers/plan-administration-and-compliance/disaster-relief/disaster-relief-notice202401.pdf>.

Health Benefit Questions

Q1: If my place of employment temporarily closes because of a Covered Disaster, am I still covered by the group health plan that I have through my job?

You are generally still covered under your existing health plan, even if your employer's physical location closes, as long as:

- your employer continues to exist and sponsor a health plan;
- you continue to be employed; and
- you continue to meet your health plan's eligibility requirements for coverage.

However, you may potentially need to make payments to the plan yourself. If your group health plan requires employee contributions, those are likely still due, even if you are not being paid and your contributions are no longer being automatically deducted from your wages or salary. Contact your employer or plan administrator for more information.

For details on your coverage, review your plan's Summary Plan Description (a document often referred to as an SPD or insurance booklet that describes your health coverage). If you don't have one, contact the plan administrator and request a copy. The plan administrator may be able to send you one by email or direct you to a website where the SPD is posted.

Q2: My employer's place of business is temporarily closed because of a Covered Disaster. I cannot contact my plan administrator or the claims administrator. Who do I contact to file a claim for benefits, obtain replacement identification documents, or get a copy of my plan SPD?

Many employers and plan administrators affected by the Covered Disasters may provide special ways for employees to contact them. Your employer or plan administrator should be able to give you the name of the person to contact to file a claim form or request other documents. Check your employer's or plan's website to see whether they have provided information about what to do under the circumstances.

If you cannot contact your employer or plan administrator, please contact one of our benefits advisors for help at askebsa.dol.gov or 1-866-444-3272. If you are represented by a union, you can also contact your union representative to see if they have information.

Q3: I think I may be losing my health coverage as a result of a Covered Disaster. What can I do to obtain other health coverage?

If you will lose health coverage, your health plan must notify you so you can consider your options, including the four listed below. Look at what benefits each option covers, premiums, cost-sharing (including co-payments and deductibles), and any waiting periods for coverage. You may also want to contact your current healthcare providers and the health plan(s) you're interested in to make sure that your providers are included in your new plan's network. For information on a particular group health plan, you should review the plan's SPD. If you don't have one, contact the plan administrator and request a copy.

The Department also issued a joint notice with the Internal Revenue Service and the Department of the Treasury. Read that guidance, as you may have more time to exercise your rights under the special enrollment and COBRA provisions described below.

- **Special Enrollment in Another Group Health Plan**

If other group health coverage is available (for example, through your spouse's or parent's employer), you may request special enrollment to enroll in the other plan. A special enrollment period gives you (and, in some cases, your family) an opportunity to enroll in a plan outside of that plan's open enrollment period.

To qualify, you must request enrollment in the other plan within a certain amount of time after losing your coverage. These deadlines are extended during the Covered Disaster relief period. Get more details at <https://www.federalregister.gov/public-inspection/2024-26014/extension-of-certain-timeframes-employee-benefit-plans-participants-beneficiaries-qualified>.

After you request special enrollment and enroll in a plan, that coverage must become effective no later than the first day of the month after your enrollment request. This type of coverage might be less expensive than other options because the employer offering the coverage often pays a part of the cost.

- **COBRA Continuation Coverage**

If you are losing coverage through an employer that continues to offer a group health plan, you may elect COBRA continuation coverage.⁴ COBRA allows you (and your family) to temporarily keep the same coverage at group rates.⁵ Your employer may charge up to 102 percent of the premium for current employees. Your cost may be significantly higher than

⁴ If you are eligible for Medicare but have not enrolled, and you choose to enroll in COBRA, you may incur unexpected out-of-pocket costs for benefits paid under COBRA, as well as penalties for late enrollment in Medicare once you enroll. For more information, visit: www.medicare.gov/medicare-and-you.

⁵ Many states have laws similar to COBRA, including those that apply to health insurers of employers with less than 20 employees (sometimes called mini-COBRA). Check with your state insurance commissioner's office to see if such coverage is available to you.

what you were paying before if your employer will no longer pay a portion of your premium.

Your plan administrator should notify you about the availability of COBRA coverage. After getting this notice, you generally have 60 days to elect coverage and 45 days after electing coverage to make your first payment. **These deadlines are extended during the Covered Disaster relief period**, as explained in Q4, below. **Get more details at <https://www.dol.gov/sites/dolgov/files/EBSA/employers-and-advisers/plan-administration-and-compliance/disaster-relief/disaster-relief-notice202401.pdf>.**

COBRA coverage is generally retroactive to the date that you otherwise would have lost coverage and typically lasts up to 18 months. However, it may last longer in certain circumstances. COBRA generally applies to employers with 20 or more employees in the previous year.

For more information, review “An Employee’s Guide to Health Benefits under COBRA,” available at www.dol.gov/sites/dolgov/files/legacy-files/ebsa/about-ebsa/our-activities/resource-center/publications/an-employees-guide-to-health-benefits-under-cobra.pdf.

- **Special Enrollment in Individual Market Insurance Coverage**

Individuals who lose job-based health coverage qualify for a special enrollment period to enroll in individual health insurance coverage, such as a Health Insurance Marketplace⁶ plan, outside of the annual open enrollment period and may select a plan 60 days before or after losing job-based coverage. The date coverage starts depends on when you lose coverage and the date a plan is selected. When applying, you may be asked to provide proof of your recent or upcoming loss of coverage.

The Marketplace offers information and enrollment assistance for individual health insurance coverage. You may be eligible for a premium tax credit, which will lower monthly premiums, and cost-sharing reductions, which will lower out-of-pocket costs for deductibles, coinsurance, and copayments.

Get more information on Marketplace coverage at HealthCare.gov or 1-800-318-2596 (TTY 1-855-889-4325). If you do not reside in a state that uses the HealthCare.gov platform, you can learn more about your state’s Marketplace at www.healthcare.gov/marketplace-in-your-state/.

- **Health Coverage through a Government Program**

At HealthCare.gov, you can also find out if you qualify for free or low-cost coverage through Medicaid or the Children’s Health Insurance Program (CHIP). Medicaid is a federal/state health program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other childless adults. CHIP is a federal/state partnership that provides health coverage for children in families that earn too much money to qualify for Medicaid. In some states, CHIP also covers pregnant women.

You can get information on Medicaid through your state Medicaid office or by visiting medicaid.gov. To learn more about the CHIP program in your state, visit insurekidsnow.gov.

⁶ Health Insurance Marketplace[®] is a registered service mark of the U.S. Department of Health & Human Services.

If you have questions regarding your coverage options, please contact one of our benefits advisors for help at askebsa.dol.gov or 1-866-444-3272.

Q4: To receive group health coverage under provisions like COBRA and special enrollment periods, or to claim benefits under my health plan, I have to provide information to my plan within a certain time frame. Are any of these time frames being extended?

Yes. We understand that it may be difficult for workers and their families who are affected by the Covered Disasters to meet certain deadlines and access documents that they need for their health coverage.

- Participants and beneficiaries of group health plans have extra time to meet certain deadlines affecting COBRA continuation coverage, special enrollment, filing claims, appealing denied claims, and external review of certain claims.
- Participants and beneficiaries of disability, retirement and other plans have extra time to make claims for benefits and appeal denied claims.
- Plans, plan administrators, and employers have extra time to provide certain COBRA-related notices.

Due to Hurricanes Helene and Milton, deadlines are extended to at least May 1, 2025 (the relief period), and may be longer depending upon your individual circumstances, for participants and beneficiaries in affected areas. Please read the joint notice for more information on how to calculate extended deadlines. Contact one of our benefits advisors at askebsa.dol.gov or 1-866-444-3272 if you have questions or if your employer or plan administrator is not giving you the additional time.

Q5: My spouse died, and I'm enrolled in a health plan through their employment. My spouse's employer has agreed to pay my health coverage premiums for 12 months. What effect will that have on my future eligibility for continuation health coverage under COBRA?

You should ask your spouse's employer for more information on how they are offering you these 12 months of coverage.

If the employer is ...	then, when your coverage ends ...
making this offer of paid coverage only if you decline the offer of COBRA coverage ...	you will not be eligible for COBRA coverage, which is more expensive, but lasts longer than 12 months.
paying the first 12 months of your COBRA coverage ...	you can continue COBRA coverage at your own expense for up to 24 additional months, or you can enroll in a plan on the Marketplace through a special enrollment period.

delaying your loss of coverage (in other words, your active coverage under the plan will continue for 12 months) ...	you can elect COBRA continuation coverage at your own expense for up to 36 months.
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You may be able to get coverage that is more affordable than COBRA through the Health Insurance Marketplace®, which provides special enrollment periods for certain qualifying events, including the loss of health coverage due to the death of a family member or when an employer stops contributing to a temporary continuation of your coverage (such as COBRA). For more information, visit www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/ or www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/.

Q6: My employer did not pay the insurance premium for my group health plan coverage. May I pay the premium to continue my coverage?

You should contact your employer to determine whether they intend to pay the premium.

If your coverage is through an insurance company, you may also wish to contact your state insurance commissioner about any rights you may have under state law to pay premiums directly to the insurance company or convert your health coverage to an individual policy.

If your premiums are in arrears or your coverage has been cancelled as a result of the employer's failure to make the premium payment, please contact one of our benefits advisors at askebsa.dol.gov or 1-866-444-3272.

Q7: I had COBRA coverage before a Covered Disaster. The location where I was sending my COBRA premium is closed. Where do I send my premium?

Contact your employer or plan administrator for the information you need to continue making your COBRA premium payments.

If you can't contact your employer or plan administrator, please contact one of our benefits advisors at askebsa.dol.gov or 1-866-444-3272.

Q8: How fast do I need to figure out my health coverage options when I lose eligibility through my employment?

Don't wait too long to make a health coverage decision. Several of your best choices are only available for a limited time. Generally, you must:

- request special enrollment in your spouse's employer's plan⁷ within 30 days after losing eligibility for other health coverage.
- elect COBRA continuation coverage within 60 days of receiving the COBRA election notice.

⁷ Depending on your age, you may also be able to special enroll in your parent's employer's plan. The Affordable Care Act requires that group health plans that provide dependent coverage of children make such coverage available until age 26.

- apply for special enrollment in individual health insurance coverage no later than 60 days after losing employer-sponsored coverage.

The Department has extended these time frames in the Joint Notice. However, those extensions apply only to coverage under your employer’s group health plan. If you have questions about the time frames that apply to individual health insurance coverage, contact the insurer, an agent or broker, or the Marketplace.

Q9: Where can I get more information on my health coverage options?

To learn more about	Visit
Retirement and healthcare coverage for dislocated workers	Protecting Health and Retirement Benefits after Job Loss (video) Retirement and Health Care Coverage...Questions and Answers for Dislocated Workers [en español]
COBRA	An Employee's Guide to Health Benefits Under COBRA [en español]
Deadline extensions to file for benefits	Joint Notice - Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by Hurricane Helene https://www.federalregister.gov/public-inspection/2024-26014/extension-of-certain-timeframes-employee-benefit-plans-participants-beneficiaries-qualified
Affordable Care Act protections for workers and families	www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-workers-and-families
Affordable Care Act requirements for employers and advisers	www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers
Individual health insurance coverage	www.healthcare.gov/have-job-based-coverage/if-you-lose-job-based-coverage/

If you still have questions or need help getting benefits, please contact one of our benefits advisors at askebsa.dol.gov or 1-866-444-3272.

Retirement Benefit Questions

Q10: My employer's place of business is temporarily closed due to a Covered Disaster. Who should I contact to file a claim for retirement benefits or make sure that I will continue to receive my pension payments on time?

You have a few options.

- First, contact your plan administrator, which could be your employer, the labor organization sponsoring the plan, or someone they've appointed to administer the plan. If you don't know who the administrator is, check your plan's Summary Plan Description (SPD), which should explain how to identify and locate the plan administrator.
- You could also contact your employer's human resources or personnel department or, if you are represented by a union, your union representative.
- If that's not possible, you could reach out to the plan trustee who holds the plan assets. The trustee may be identified in previous correspondence or benefit statements. Potential trustees include:
 - a mutual fund, insurance company, bank or other financial institution providing services to the plan;
 - a third party who handles the administrative functions of the plan; or
 - the plan accountant.
- If none of those options work, please contact one of our benefits advisors at [askebsa.dol.gov](https://www.askebsa.dol.gov) or 1-866-444-3272.

Q11: My pension payment normally arrives on a particular day each month. It did not come this month. What should I do?

Contact your plan administrator. Ask whether the plan is having operational problems or whether this problem is limited to your payment. If the problem is limited to your payment, discuss how to resolve your problem. If the delay involves a plan operation issue, ask what efforts are being made to make timely payments.

Additionally, your employer, former employer, or union representative may be able to get answers to your questions. Companies related to your employer may also be able to help you get information on payment status. You could also contact your plan's third-party administrators, investment advisors, or trustees.

If you still can't get information about the status of your benefits, please contact one of our benefits advisors at [askebsa.dol.gov](https://www.askebsa.dol.gov) or 1-866-444-3272.

Q12: How can I make changes to the way my 401(k) plan account is invested if the plan official or service provider responsible for implementing my investment decision is affected by the Covered Disasters?

First, follow normal procedures described in your SPD or other plan documents. If your employer or the financial services firm holding your account was affected by the Covered Disasters, there

may be a delay in processing your directions to change or reallocate your investments. If so, you should contact the plan administrator, your employer, the plan trustee, or the party providing administrative services to the plan to learn what's being done to restore the plan's normal operations.

If you cannot obtain this information, please contact one of our benefits advisors at askebsa.dol.gov or 1-866-444-3272.

Q13: Can I get money out of my retirement plan if I need financial assistance now?

You can only borrow or withdraw funds if your plan allows it — and you should carefully consider the financial consequences before doing so.

Your SPD or other plan documents should explain if your plan allows loans or withdrawals in the event of hardship or disability.

Your employer or plan sponsor may have amended your plan to add special loan and distribution rules for participants adversely affected by the Covered Disasters. For additional information, go to www.irs.gov/newsroom/disaster-relief-frequent-asked-questions-retirement-plans-and-iras-under-the-secure-20-act-of-2022 or call the Internal Revenue Service at 1-877-829-5500.

Withdrawing money from your plan may have tax or other adverse consequences. (See the next question for more information.) If you want to take money out of your retirement plan in the form of a loan or a hardship withdrawal, contact your plan administrator, plan sponsor, or other plan official. If you can't reach any of these officials, please contact one of our benefits advisors at askebsa.dol.gov or 1-866-444-3272.

Q14: Are there any downsides to receiving a pre-retirement distribution of my retirement benefits?

Yes. Receiving a pre-retirement distribution could affect you in several ways.

- **Unemployment compensation eligibility.** Because a pre-retirement distribution may be considered “income,” it could affect your eligibility to receive unemployment compensation. Each state sets its own unemployment benefits eligibility guidelines, so review your state’s information before you act.

However, if you are already ineligible for unemployment compensation, a pre-retirement distribution of retirement benefits may be useful during these difficult times.

- **More income tax.** Receiving money from your retirement plan may result in more income tax.

However, qualified individuals in eligible retirement plans may be able to receive up to \$22,000 in qualified disaster recovery distributions. These distributions have special tax and repayment rules.

Eligible retirement plans include certain employer-sponsored retirement plans, such as section 401(k) and 403(b) plans, and IRAs. Employers are not required to adopt these rules into their plan, but qualified individuals may designate eligible distributions as qualified disaster recovery distributions on their federal income tax returns. For more information,

go to www.irs.gov/newsroom/disaster-relief-frequent-asked-questions-retirement-plans-and-iras-under-the-secure-20-act-of-2022 or call the Internal Revenue Service at 1-877-829-5500.

- If you cash out your 401(k) or other employer-sponsored retirement plan and you are younger than 59½ years old, you may have to pay an additional 10 percent federal income tax, along with other state and federal taxes. The 10 percent additional tax on early distributions does not apply to any qualified disaster recovery distribution made to a qualified individual.
- **Less money in the future.** You may look at your account balance and think that you need the money now more than you will later. And that may be true in this situation. Just remember that withdrawing money early may result in a permanent reduction of your retirement savings.

Before you act, make sure you understand the differences between loans, hardship withdrawals, qualified disaster recovery distributions, and other distributions, including the long-term consequences of each. If you have questions, please contact one of our benefits advisors at askebsa.dol.gov or 1-866-444-3272.

Q15: When does my retirement plan have to pay my claim for benefits?

A plan may take a reasonable amount of time to review a benefits claim before making a payment. Plan administrators must act prudently and follow the procedures outlined in the SPD or other plan documents.

For example, some plans pay benefits only after a participant reaches the normal retirement age specified in the plan and separates from employment. However, many plans allow for earlier distribution of benefits under certain circumstances.

If you have specific questions, contact the plan administrator.

Q16: Is my retirement plan required to give me a lump-sum distribution?

No. Federal law does not require plans to offer lump-sum distributions, though many do. Defined contribution plans (such as 401(k) plans) are more likely to offer a lump sum than traditional defined benefit pension plans.

Read your SPD and other plan documents to see if your plan offers lump-sum distributions and what the requirements are.

Q17: I am the spouse of a deceased plan participant. What benefits am I entitled to? How do I file a claim?

First, you need the plan's SPD. It outlines the plan rules, including benefit rights, the way benefits are calculated, how to apply for benefits, and how to appeal a denial of a claim. The plan administrator must provide you with a copy of the SPD if you request it in writing.

Ask the plan administrator about the amount of your spouse's benefit, the amount of any survivor

benefit due to you if different than your spouse's benefit, and when the benefit is payable. It is important to know whether you can access your money now or later. You should also ask the plan administrator how to file your claim and what information they require.

The plan may be delayed in responding to your request during the Covered Disasters relief period, which ends on May 1, 2025. As long as the plan administrator acts in good faith and provides the SPD as soon as they can under the circumstances, this delay does not violate federal law. For more information on this, review EBSA Disaster Relief Notice 2024-01 at <https://www.dol.gov/sites/dolgov/files/EBSA/employers-and-advisers/plan-administration-and-compliance/disaster-relief/disaster-relief-notice202401.pdf>.

If you have trouble getting information or documents, please reach out to one of our benefits advisors for help at askebsa.dol.gov or 1-866-444-3272.

Q18: If my employer faces economic difficulties due to the Covered Disasters, can my employer terminate my retirement plan? If so, what happens to my benefits?

Plan termination and the benefits you are entitled to depend on the type of retirement plan.

If you are covered by a defined benefit pension plan, such as a traditional pension plan or a cash balance pension plan, your employer may terminate the plan if it has sufficient assets to pay all plan benefits or if your employer meets specific criteria in the law showing that it cannot afford to continue the plan.

Check your plan documents and SPD to see what benefits you're entitled to. The plan's formula to calculate benefits may include factors such as age, length of service, and pay. You may need to reach a specific age (generally 65) before you can receive your benefits.

The Pension Benefit Guaranty Corporation (PBGC) guarantees vested benefits in most private sector defined benefit pension plans. For information on PBGC's plan termination insurance program and PBGC guarantees, see the [Pension Plan Termination Fact Sheet](#) on PBGC.gov.

If you are covered by a defined contribution plan, such as a 401(k) plan, profit sharing plan, or employee stock ownership plan, you are always entitled to the contributions you made to the plan, along with any investment gains and earnings on your contributions, minus any investment losses. Depending on the terms of the plan, you may be vested in some or all of the employer contributions in your account, along with investment gains and earnings, minus any investment losses. You will automatically vest in 100 percent of your account when the plan is terminated.

In either case, if your employer is going to terminate your retirement plan, they must notify you. If you have questions or concerns, please reach out to one of our benefits advisors for help at askebsa.dol.gov or 1-866-444-3272.

Q19: I haven't received my benefit statement from my 401(k) plan. When can I expect to receive it?

The Covered Disasters may delay your retirement plan's ability to provide your benefit statement during the relief period, which ends on May 1, 2025. As long as the plan administrator acts in good faith and provides your benefit statement as soon as they can under the circumstances, this delay does not violate federal law. For more information on this, review EBSA Disaster Relief Notice 2024-01 at

<https://www.dol.gov/sites/dolgov/files/EBSA/employers-and-advisers/plan-administration-and-compliance/disaster-relief/disaster-relief-notice202401.pdf>.

If you have not received a benefit statement from your retirement plan as expected, contact your employer or your plan administrator for information about whether it was an isolated issue or whether the time to provide the statement has been delayed. If you have questions, please reach out to one of our benefits advisors for help at askebsa.dol.gov or 1-866-444-3272.

Q20: Where can I get more information on my retirement benefit rights?

EBSA has many publications about your rights when it comes to your health and retirement plans. Some of the top ones include:

- [Retirement and Health Care Coverage - Questions and Answers for Dislocated Workers \[en español\]](#)
- [What You Should Know About Your Retirement Plan \[en español\]](#)

You may also want to review the joint notice that extends certain benefit claim time frames.

- Example 7 of Joint Notice - Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by Hurricane Helene and Hurricane Milton at <https://www.federalregister.gov/public-inspection/2024-26014/extension-of-certain-timeframes-employee-benefit-plans-participants-beneficiaries-qualified>.

If you still have questions, want to request copies of publications, or need help to obtain your benefits, please contact one of our benefits advisors at askebsa.dol.gov or 1-866-444-3272.