



Next Generation Healthcare™

20 Armory Lane
Milford, CT 06460-3361
Phone: (203) 876-1660
Toll Free: (800) 447-6689
Fax: (203) 877-9557

Model COBRA Notices Released by EBSA

The American Recovery and Reinvestment Act of 2009 (ARRA) mandates that plans notify certain current and former participants and beneficiaries about the premium reduction.

The Employee Benefits Security Administration (EBSA) created model notices to help plans and individuals comply with these requirements. Each model notice is designed for a particular group of qualified beneficiaries and contains information to help satisfy ARRA's notice provisions.

[Notice in Connection with Extended Election Periods](#)

Plans subject to the Federal COBRA provisions must send this notice to any individual who:

1. Had a qualifying event at any time from September 1, 2008 through February 16, 2009;
2. Received a COBRA notice (Old version); and
3. Either did not elect COBRA continuation coverage, or who elected it but subsequently discontinued COBRA.

This notice includes information on ARRA's additional election opportunity, as well as premium reduction information. Individuals who receive this notice can assert their status as an Assistance Eligible Individual (AEI) for a "second chance" election based on the employers determination that the individual qualifies for the extension. This notice must be provided by April 18, 2009

[General Notice \(Abbreviated version\)](#)

This notice may be sent in lieu of the full version to individuals who experienced a qualifying event on or after September 1, 2008, have already elected COBRA coverage, and still have it. This version includes the same information as the full version regarding the availability of the premium reduction and other rights under ARRA, but does not include the COBRA coverage election.

[General Notice \(Full version\)](#)

Plans subject to Federal COBRA provisions must send the General Notice to all qualified beneficiaries, not just employees, who experience a qualifying event at any time from September 1, 2008 through December 31, 2009, regardless of the type of qualifying event AND were not provided a COBRA notice containing the required information under ARRA. Employers should use this General Notice for all new qualifying events.

[Alternative Notice](#)

Insurance issuers that provide group health insurance coverage must send the Alternative Notice to individuals who become eligible for continuation coverage under State law. Continuation coverage requirements vary among States, and issuers should modify this model notice as necessary to conform it to the applicable State law.

Feel free to contact our office for a Word version of each model notice.

Additional guidance is expected. For more information please use the following link to the DOL website:

<http://www.dol.gov/ebsa/COBRA.html>