



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT**

Group Administrator Memo #09-03

To: Group Benefits Administrators
From: State and Local Health Benefits Programs
Date: April 10, 2009
Re: Abbreviated Version of General Extended Coverage (COBRA) Notice

**INSTRUCTIONS
Abbreviated General Notice**

The attached Abbreviated Version of the General Notice 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 Extended Coverage election information. It 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 notice should be prepared on your employer letterhead and must be sent to any qualified beneficiaries currently enrolled in Extended Coverage with qualifying events that occurred on or after September 1, 2008. This notice is for all qualifying events on or after September 1, 2008 and not just for involuntary terminations. Any participants that experience a new Extended Coverage qualifying event will need to be given a new Full Version General Notice that will be provided to you in the near future.

Please distribute these forms as soon as possible.

Please review the form carefully before you transfer it to your letterhead. There are numerous places throughout the form that require you to enter information. These spots are listed with *“Insert”* and are in **bold red print**. After insertion on your letterhead, you will need to remove the bold and red color from the insert sections.

Questions

If you have questions or require assistance, please feel free to contact Walter E. Norman, TLC Program Manager at (804) 786-6460 or by email at walter.norman@dhrm.virginia.gov. **Please give this matter your immediate attention.**

Attachment:

- Extended Coverage (COBRA) Abbreviated General Notice