



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

Group Administrator Memo #09-04

To: Group Benefits Administrators
From: State and Local Health Benefits Programs
Date: April 16, 2009
Re: Extended Coverage (COBRA) General Notice

INSTRUCTIONS

EXTENDED COVERAGE General Notice (Full Version)

This form is designed for use by group health plans for **all qualified beneficiaries who have not yet received an election notice and with qualifying events occurring during the period that begins with September 1, 2008 and ends with December 31, 2009.**

You should begin using this notice as soon as possible for any covered employee or dependent that experiences a COBRA/EXTENDED COVERAGE qualifying event and has not received another notice from you. Going forward, it will replace the forms you have been using in the past, including those recently sent relating to ARRA. We anticipate that we will either edit these forms or revert to our older version when ARRA expires.

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.

As always, questions should be directed to Walter Norman, TLC Program Manager at (804) 786-6460 or by email to walter.norman@dhrm.virginia.gov.

Attachment:

- Extended Coverage General Notice (Full Version)