Regarding: Premium Subsidy for State Continuation Coverage

Dear Group Administrator,

As you may know, President Obama recently signed the American Recovery and Reinvestment Act (ARRA) into law. This places requirements on both employers and insurers. The ARRA requires insurers to send notice to individuals who are eligible for state continuation coverage, because those individuals may qualify for the premium subsidy available under the new law.

How You Can Help Kaiser Permanente Meet Our Mutual Obligations Under ARRA

- 1. If state law requires your group to offer state continuation coverage to people who lose group coverage, please complete the attached form with the names of all former employees and dependents who had a State Continuation Coverage qualifying event between September 1, 2008 and December 31, 2009 and fax or mail it to Kaiser Permanente no later than 14 calendar days from the date this letter was sent. When you notify Kaiser Permanente of individuals who have experienced a State Continuation Coverage qualifying event, Kaiser Permanente will mail State Continuation Coverage premium subsidy information to these individuals. It is very important that we hear from you within 14 calendar days from the date this letter was sent so that we can notify employees and dependents about the State Continuation Coverage premium subsidy.
- 2. If you have employees or dependents who later experience a State Continuation Coverage qualifying event on or before December 31, 2009 please complete a copy of the attached form and fax or mail it to Kaiser Permanente as soon as possible.

For more information on the premium assistance available under ARRA, visit the U.S. Department of Labor website at www.dol.gov/ebsa/COBRA.html.

For more information on your State Continuation Coverage laws, please refer to your state's insurance laws.

If you have any questions regarding this letter, please contact Kaiser Permanente at 1-866-291-4008 ext. 6300.

Sincerely,

Membership Administration



List of Employees And Dependents Who Experienced a State Continuation Coverage Qualifying Event

The information below will be used to notify former employees and dependents of the State Continuation Coverage premium subsidy.

Please list all former employees and their dependents who had health plan coverage and experienced a State Continuation Coverage qualifying event between September 1, 2008, and December 31, 2009. Attach additional pages if needed.

Fax this completed form to:	or mail to:
1-866-311-5974	Kaiser Permanente P.O. Box 921012 Fort Worth, TX 76121-0012

Group Name: _____

Kaiser Permanente Group ID Number: _____

Name (First MI Last)	Social Security Number	Date of Birth	Address, City, State, Zip Code