

COBRA SUBSIDY PROVISIONS REQUIRE IMMEDIATE ATTENTION

The stimulus package signed into law by President Obama on February 17, 2009 includes a temporary COBRA subsidy provision that employers must address immediately, as its requirements go into effect for most plans on March 1, 2009. In addition, employers are required to provide certain notices no later than April 18, 2009. The COBRA subsidy provisions include:

- For certain involuntarily terminated employees and their dependents, group health plans must accept 35% of the required COBRA premium as full payment for the coverage.
- After receiving the 35% payment, the employer maintaining the group health plan may recover the remainder of the COBRA premium through offsets to payroll tax deposits or direct payment from the government, but the employer must provide certain information in order to receive reimbursement.
- In the case of certain employees involuntarily terminated since August 31, 2008 and their dependents, group health plans must allow a “second chance” COBRA election.
- Employers must provide notice of the availability of the subsidy and the second chance election.
- Employers must report to the individuals receiving the subsidy and to the IRS the amount of subsidy provided under their plans.

As with most COBRA matters, the devil is in the details, and there is a wealth of detail underlying the subsidy provisions. There are also many open issues that will cause compliance headaches for employers. Benefits professionals are hoping that the various government agencies involved will issue guidance promptly. The IRS has started in that direction by posting some basic [question-and-answer guidance](#) on its website. The law sets deadlines for some of the guidance that will be needed to implement the subsidy provisions. It does not, however, delay employers’ obligations if those deadlines are not met.

COBRA compliance stakes are high. A failure to offer COBRA properly can result, among other things, in liability for unreimbursed medical expenses, as well as penalties up to \$110 per day and attorney’s fees. The new legislation specifies that an employer’s failure to comply with the subsidy provisions is a COBRA violation and subject to the same consequences as any other COBRA violation.

The American Recovery and Reinvestment Act of 2009 (ARRA), more commonly known as the economic stimulus package, included provisions other than the COBRA subsidy that affect group health plans and other employee benefits. Employers should also note the following changes:

- ARRA includes changes to the privacy and security requirements in the Health Information Portability and Accountability Act (HIPAA). Most of these changes tighten the various privacy and security standards that currently apply to protected health information. Many of these changes become effective on February 17, 2010. Some are effective sooner, while others will not become effective until regulations are issued. In addition to tightening standards, the provisions also make business associates (e.g., an employer-sponsored health plan’s third-party claims administrator) directly responsible for complying with the rules. ARRA also makes changes to HIPAA’s penalties and enforcement provisions, effective immediately.

- A parity provision in the law raises the income tax exclusion available to employees for commuter transit benefits and transit passes under an employer-sponsored qualified transportation plan. Previously, the monthly statutory limit for commuter transit benefits and transit passes was \$120, while the amount available for qualified parking expenses was \$230. Now, the amount available for both is the higher amount. The increase will be available from March 1, 2009 until December 31, 2010.
- While these changes were not included in ARRA, employers also should be aware of the changes to HIPAA special enrollment obligations that were included in the Children's Health Insurance Program (CHIP) Reauthorization Act, which became law on February 4, 2009. These changes are effective April 1, 2009 for all employers, regardless of their plan years, and will require revision of plan operations and materials. Starting April 1, group health plans must allow two new special enrollment opportunities. (Currently, plans generally must allow 30-day special enrollment periods following marriage, birth, adoption, placement for adoption or loss of certain types of health coverage.) The new 60-day special enrollment requirements generally will apply when:
 - An employee or dependent loses eligibility for Medicaid or CHIP coverage
 - An employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP (under the new law, states may provide benefits to eligible children and families by subsidizing the premium for qualifying employer-sponsored coverage)

To avoid multiple mid-year mailings, employers may wish to coordinate announcement of these new special enrollments with the notifications required in connection with the COBRA subsidy.
- Surprisingly, the final legislation included a COBRA provision that was not included in any previous version of the bill. That provision requires plans to provide extended COBRA coverage to certain individuals who qualify to receive the federal Health Care Tax Credit (HCTC). The HCTC applies in very limited situations – where workers qualify for federal trade adjustment assistance or receive benefits from the Pension Benefit Guarantee Corporation. ARRA also made changes to the HCTC itself, most notably increasing its subsidy from 65% to 80%. The few employers that are affected by the HCTC generally are aware of it because they have participated in the process that makes it available to participants in their plans. Such employers may want to contact their local Willis HRH office for more information about the HCTC changes.

WHO MUST PROVIDE THE NEW SUBSIDY?

The subsidy provisions apply to almost any COBRA-like continuation of health coverage that is provided under federal or state law. The only group health plans that are exempt are those that are exempt from all federal and state COBRA requirements and health flexible spending arrangements provided under cafeteria plans. Therefore, almost all health plans will be affected by the subsidy.

Continued coverage provided under state law is subject to the subsidy provisions if the state-required continuation coverage is comparable to the COBRA coverage required under federal law. There are some continuation rights provided under state law that are not considered comparable and are not subject to the subsidy provisions (e.g., a right to continuation with no rules limiting the maximum premium that can be charged).

Plans that are subject to the subsidy requirements include:

- Group health plans provided by governmental employers that are subject to the COBRA requirements of the Public Health Service Act
- All group health plans that are subject to the COBRA provisions included in the Employee Retirement Income Security Act (ERISA) or the Internal Revenue Code
- Small employer plans that provide coverage subject to a state COBRA provision

- Group health plans maintained by churches that have elected to subject their plan to ERISA or that provide coverage subject to a state COBRA provision
- Plans that provide dental, vision, prescription drug or other limited benefits, such as employee assistance programs (provided they are not exempt because they are exempted from all COBRA requirements)
- Health reimbursement arrangements (although health savings accounts generally are *not* subject to COBRA requirements, so the subsidy does not apply to them)

WHO GETS THE SUBSIDY?

The subsidy applies to “assistance eligible individuals” (AEIs), which generally refers to qualified beneficiaries who elect COBRA coverage offered due to an involuntary termination of employment occurring after August 31, 2008 and before January 1, 2010.

MEANING OF INVOLUNTARY TERMINATION

Nothing in the law defines involuntary termination, but IRS officials have informally expressed the opinion that a reduction in hours of employment does not qualify as termination, even if it results in loss of coverage. The reduction in hours would be a qualifying event that triggers a COBRA offering – it simply would not qualify for the subsidy because it is not an involuntary termination.

Employee misconduct that results in involuntary termination generally does not prevent the subsidy from applying. If involuntary termination results from gross misconduct; however, the subsidy technically would not apply because the employee and dependents would not be entitled to elect COBRA. Many employers allow those arguably terminated for gross misconduct (and their dependents) to elect COBRA coverage, however, in order to prevent disputes. Employers are between a rock and a hard place on this issue. If an employer denies COBRA and the subsidy because an employee was terminated for gross misconduct, a court might later second-guess the employer’s conclusion, subjecting the employer to liability for the COBRA violation. At the same time, if the employer provides COBRA and the subsidy and later seeks reimbursement, the IRS may deny the reimbursement because the former employee was terminated for gross misconduct and was not an AEI. In that case, the employer probably would lose at least the amount of the subsidy and might even incur penalties for under-withholding.

SPOUSES AND DEPENDENT CHILDREN CAN GET THE SUBSIDY

The definition of AEI refers to “qualified beneficiaries” and uses the federal definition of the term. As a result, AEIs include individuals other than involuntarily terminated employees. The employee’s spouse and dependent children may also be qualified beneficiaries – and therefore AEIs entitled to the subsidy – even if the employee does not elect COBRA coverage.

Because an AEI must be a qualified beneficiary, the following individuals cannot be AEIs:

- An employee’s domestic partner
- An employee’s same-sex spouse
- In most case, a spouse or dependent child added to a former employee’s COBRA coverage (e.g., an individual that the employee marries after termination of employment and then adds to COBRA coverage)

In many cases, however, an employer will extend COBRA rights to these individuals as if they were qualified beneficiaries, allowing them to elect COBRA coverage independent of the employee. In these situations, it is clear that the subsidy would not be available to these individuals.

Example: While employed, Aiden elects “employee + 1” group health coverage for himself and his domestic partner. Following Aiden’s involuntary termination of employment, the employer offers COBRA coverage to both Aiden and his domestic partner. Aiden finds a new job, but the health coverage available through that job does not cover domestic partners, so Aiden does not elect COBRA, but Aiden’s domestic partner does. Because Aiden’s domestic partner is not a qualified beneficiary under the federal definition, the subsidy is not available for the domestic partner’s coverage.

ELIGIBILITY FOR MEDICARE OR OTHER COVERAGE MAY ELIMINATE SUBSIDY

An AEI is no longer eligible for the subsidy after becoming eligible for Medicare or other group health plan coverage. This is the case *even if the AEI does not actually enroll*. The same is *not* true of COBRA coverage, which a qualified beneficiary can keep even if eligible for Medicare or another group health plan – as long as the qualified beneficiary does not enroll. Under COBRA, a group health plan may terminate COBRA coverage if a qualified beneficiary who elected COBRA later enrolls in Medicare or another group health plan (unless the group health plan has a preexisting condition exclusion that affects the qualified beneficiary).

For the purpose of determining whether eligibility for other coverage prevents the subsidy from applying, the following group health plans are disregarded: HRAs, health FSAs, counseling and/or referral services, wellness programs, most on-site clinics, and plans providing dental or vision coverage. The AEI is required to report eligibility for group health plan coverage to the employer maintaining the plan providing COBRA coverage. Significant penalties may apply to AEIs who fail to report eligibility as required.

INCOME RESTRICTION ON SUBSIDY RECIPIENTS

AEIs whose income exceeds certain thresholds may be required to repay the subsidy to the federal government through their individual tax returns.

The subsidy is not available to individuals whose “modified adjusted gross income” for the calendar year in which the subsidy applies is greater than \$145,000 (\$290,000 in the case of a joint return). For individuals whose income is lower, but still greater than \$125,000 (\$250,000 in the case of a joint return), a proportionate amount of subsidy is available. This limitation on the subsidy is generally administered as a recapture that occurs through individual income tax returns rather than a limitation that employers are required to administer. There are a couple of exceptions to this general rule. First, employers are responsible for reporting the subsidy to the IRS and AEIs so as to enable the recapture. Second, the law provides that individuals who might be subject to recapture may avoid it by filing an irrevocable waiver of the subsidy with a group health plan. We expect such waivers to be rare.

HOW MUCH IS THE SUBSIDY AND HOW LONG DOES IT LAST?

The subsidy covers 65% of the premium for an AEI’s COBRA coverage for up to nine months. This leads to two questions:

- 65% of what?
- Nine months from when?

65% OF COBRA PREMIUM

The relevant premium for purposes of calculating the subsidy is the amount that the AEI would be required to pay for COBRA coverage if the subsidy did not apply. Under COBRA, group health plans generally can charge up to 102% of the

cost to provide coverage under the plan to a non-COBRA beneficiary (150% in the case of some disability extensions). This maximum 102% amount is not always the COBRA premium, however. A plan may charge less for COBRA coverage and, if it does, that lesser amount is the COBRA premium for purposes of the subsidy.

Example: A group health plan has determined that the maximum COBRA premium it can charge for employee and spouse coverage for a month is \$1,000, which is 102% of the cost of providing that coverage to non-COBRA beneficiaries. The plan usually requires qualified beneficiaries to pay the maximum 102% amount for COBRA coverage. For employees who were involuntarily terminated in a recent reduction in force, however, the employer has agreed that it will cover all but \$300 per month of the COBRA premium for this coverage during the first four months of COBRA coverage. The subsidy during the first four months, therefore, would be \$195 per month (65% of \$300) and during subsequent months would be \$650 per month (65% of \$1,000).

UP TO NINE MONTHS OF SUBSIDY

The subsidy begins with the AEI's first period of COBRA coverage starting on or after February 17, 2009. A plan's "period of coverage" is determined by the monthly (or shorter) periods for which it charges COBRA premiums. In most cases, a period of coverage will be a calendar month, and an AEI's first period of coverage starting on or after February 17, 2009 will be March 2009 or a later calendar month in the case of later involuntary terminations. If a plan charges COBRA premium for a partial month, however, the plan's period of coverage will be less than a month, with the result that the subsidy could apply to such a plan as early as February 17.

Example: Plan A provides that coverage continues until the end of the month in which a qualified beneficiary loses eligibility, so that the first COBRA premium a qualified beneficiary pays is for a full calendar month of coverage. Similarly, when COBRA coverage ends, Plan A provides coverage through the end of the month. Plan A rarely, if ever, prorates monthly COBRA premiums. An AEI's first period of coverage under Plan A will begin on March 1, 2009 or the first day of the calendar month that starts after the AEI's qualifying event. For example, if an AEI's involuntary termination of employment occurs on April 2, 2009, the AEI's first period of COBRA coverage after February 17, 2009 under Plan A would start on May 1, 2009.

Example: Plan B provides that coverage ends on the date that a qualified beneficiary loses eligibility, and prorates premiums on daily basis to refund contributions paid for any period after that date. The first COBRA premium that a qualified beneficiary pays is the prorated premium for the period from the loss of eligibility date until the end of that calendar month. Subsequent COBRA premiums are required to cover a full calendar month. When COBRA coverage ends, Plan B ends coverage on the date that eligibility is lost, and refunds any premiums paid for any period after that date. An AEI's first period of coverage under Plan B will begin on February 17, 2009 or the first day after the AEI's qualifying event. For an AEI whose involuntary termination of employment occurs on April 2, 2009, the first period of COBRA coverage after February 17, 2009 under Plan B starts on April 3, 2009.

If an AEI overpays for the first or second period of COBRA coverage to which the subsidy applies, the group health plan must either pay the excess back to the AEI or provide a credit against future COBRA premiums. The credit option is available, however, only if it is reasonable to believe that the credit will be used within 180 days.

The subsidy will be available for nine months from the first day of the first period of coverage to which it applies, except that it will end earlier if:

- The AEI becomes eligible for Medicare or other group health plan coverage other than an HRAs, a health FSA, counseling and/or referral services, a wellness program, an on-site clinic, or a plan providing dental or vision coverage
- The AEI's COBRA coverage ends

WHO GETS A SECOND CHANCE TO ELECT COBRA?

In addition to administering the subsidy, employers must allow a second opportunity to elect COBRA for individuals who were offered COBRA due to an involuntary termination after August 31, 2008 but either did not elect it or, after electing it, lost it, e.g., due to failure to pay premium.

Individuals have 60 days from receiving notice about the second chance option to make the election. COBRA coverage elected under the second chance provision is not retroactive to the date of the original qualifying event – it becomes effective with the first period of coverage beginning on or after February 17, 2009. The subsidy would apply starting on the same date. Any gap in coverage for those who make this election would be disregarded for purposes of applying a preexisting condition exclusion.

Even though the effective date of COBRA coverage would not be retroactive to the original qualifying event, the COBRA period of coverage (generally 18 months) would continue to be measured from the date of that original qualifying event.

Example: Brian's employment was involuntarily terminated on September 15, 2008. He had been covered under his employer's plan for two years. The plan provided for coverage to end on the last day of the month of termination of employment. Brian elected COBRA when it was offered to him, and paid the COBRA premiums starting October 1. Brian failed to pay his January 2009 premium, however, and lost his COBRA coverage. On March 21, 2009, his former employer sends the required notice to Brian, offering the second chance election. Brian has until May 20, 2009 (60 days after the date of the notice) to make the second chance election. If Brian makes this election and pays 35% of the required COBRA premium on time, Brian's COBRA coverage will become effective on March 1, 2009. Brian will not have a preexisting condition exclusion when coverage resumes because he exhausted the plan's preexisting condition exclusion period before his coverage lapsed and he has not had a break in coverage. The subsidy will be available to Brian through November 30, 2009, assuming that he does not lose eligibility for the subsidy (e.g., by becoming eligible for Medicare). Brian's maximum COBRA coverage period will extend for 18 months from the date of his original qualifying event, September 15, 2008 (i.e., through March 15, 2010).

The legislation also includes a provision under which an employer may allow qualified beneficiaries, at the time of their COBRA election, to switch from the health plan option in which they were enrolled before the qualifying event to a lower cost option. Offering this flexibility is not required by the law. If an employer offers the option, however, it must be explained in the notice about the subsidy.

WHAT NOTICES ARE REQUIRED?

Group health plans must supplement the COBRA election notices they normally provide with information on the subsidy and the second chance election. Although the information is relevant only to AEIs and those eligible for the second chance election, the statute states that the notice must be provided to all qualified beneficiaries who have qualifying events between August 31, 2008 and January 1, 2010. This would include qualified beneficiaries whose qualifying event is something other than termination of employment (e.g., a covered employee's death or divorce or a dependent child's losing eligibility).

This additional notification must be provided at the same time and in the same manner as the election notice that is provided to qualified beneficiaries regarding COBRA coverage. A special rule applies for those whose qualifying events occurred before February 17, 2009: for them, the additional notification must occur no later than April 18, 2009, but still should be sent in the same manner as a COBRA election notice.

The additional notification must include:

- The forms necessary for establishing eligibility for the subsidy
- The name, address and telephone number of the plan administrator (usually the employer) and any other contact for information about the subsidy
- A description of the second chance election period
- Explanation that qualified beneficiaries must notify the plan of eligibility for Medicare or another group health plan
- A description of the penalty that applies to qualified beneficiaries who fail to provide notice of eligibility for Medicare or another group health plan
- A description, displayed in a prominent manner, of a qualified beneficiary's right to the subsidy and any conditions that have to be met to receive it
- If the employer allows qualified beneficiaries to switch health plan options at the time they elect COBRA coverage, a description of that option

The Department of Labor (DOL) is required to issue model notices incorporating these elements no later than March 19, 2009. To provide information and forms to employers and others as quickly as possible, the DOL has created a [website](#) where it will post form notices and other information concerning the COBRA subsidy.

In addition to the additional notification, employers must report the subsidy amounts it provides to the IRS and to individual recipients each year. The IRS must define what those reports entail.

HOW DOES THE EMPLOYER GET REIMBURSED FOR THE SUBSIDY?

The federal government will reimburse employers for the subsidy by allowing them to reduce their federal payroll tax deposits. The IRS has preliminarily defined the process for claiming reimbursement, describing it in [question-and-answer guidance](#) and in the [form employers use for their quarterly payroll tax return](#) and the [instructions for that form](#). The amount of reimbursement claimed is reported on the quarterly payroll tax return, along with the number of individuals provided the subsidy.

It is clear that an employer cannot claim reimbursement for the subsidy provided to an AEI until the AEI has paid his or her 35% share of the premium. (In a few limited cases, an entity other than the employer provides the subsidy and claims reimbursement, e.g., a collectively bargained multiemployer plan or a plan maintained by a very small employers (or by a church) that provides benefits exclusively through insurance.)

Each entity that is entitled to reimbursement must maintain information to substantiate the amount claimed on its payroll tax return. The IRS specifies that the information includes, at a minimum:

- Attestation of involuntary termination, including the date, for each covered employee involved
- The Social Security Number of each covered employee
- The amount of reimbursement claimed for each covered employee and an indication of whether the subsidy was applied to single or family coverage
- Proof of each AEI's eligibility for COBRA coverage at any time during the period from September 1, 2008, to December 31, 2009, and the AEI's election of COBRA coverage
- Information, including dates and amounts, of AEIs' 35% share of the premium
- In the case of an insured plan, invoices or other supporting statement from the carrier and proof of timely payment of the full premium to the carrier
- In the case of a self-insured plan, proof of the premium amount and proof of the coverage provided to the AEIs
- "Other documents necessary to verify the correct amount of reimbursement"

AND IF THE EMPLOYEE AND EMPLOYER DISAGREE ABOUT THE SUBSIDY?

The new law provides a unique and expedited appeals procedure in the case of disagreements about whether the subsidy is available. If an individual claims entitlement to the subsidy, but the group health plan refuses to provide it, the individual may appeal to the DOL (or, in some cases, The Department of Health & Human Services) for a decision within 15 business days. The agencies are to create an appeal procedure. In the event that the agency decision is contested in a lawsuit, courts are instructed to grant deference to the agency determination.

IT COULD HAVE BEEN WORSE

Even though many employers are using superlatives to describe the difficulties presented by the subsidy, much stronger language would have been needed if one controversial COBRA amendment had made it into the final bill. That provision would have extended the COBRA continuation period for two groups of workers: those who are age 55 or older and those who have worked for an employer for 10 or more years. Such workers would have been able to retain their COBRA coverage until they became Medicare-eligible or received coverage through another employer.

WHAT TO DO NOW

- Determine when the subsidy becomes applicable to each group health plan the employer sponsors and when any second chance elections made under each plan will become effective. This date is the first day of the first period of coverage starting on or after February 17, 2009.
- Identify those who must be provided the additional notification by April 18, 2009 and update their contact information. This group includes all existing or former qualified beneficiaries whose qualifying events occurred after August 31, 2008 (one way to identify this group is to find all individuals who were sent COBRA election notices after August 31, 2008, although this will include some whose qualifying events occurred before September 1, 2008).
- Identify existing AEIs. These are individuals currently enrolled in COBRA coverage who initially became entitled to elect COBRA because of an involuntary termination of employment (other than for gross misconduct) after August 31, 2008.
- Identify potential subsidy recipients and update their contact information. These are former plan participants whose employment was involuntarily terminated after August 31, 2008 and their dependents, whether or not they currently have COBRA coverage in effect.
- Identify those potentially entitled to a second election opportunity and update their contact information. These are former plan participants whose employment was involuntarily terminated after August 31, 2008 and their dependents who do not currently have a COBRA election in effect.
- Plan for tracking involuntary terminations occurring before January 1, 2010.
- Contact third-party COBRA administrators (TPAs) to determine what steps they plan to take to implement the COBRA subsidy provisions and what information they will need from the employer to do so. If the TPA will be assisting with second chance elections and notification of existing AEIs and others whose qualifying events occurred before February 17, 2009, it is very likely that the TPA will request the information noted above.
- Determine whether a COBRA TPA or the employer will provide the additional notifications to required recipients. Whoever is assigned this responsibility should prepare, to the extent possible, to mail the notification to those potentially eligible for the second chance election as soon as possible after the DOL issues the model notification (due no later than March 19, 2009). AEIs and potential subsidy recipients also should be given priority when sending notifications. Other required recipients' notifications are less urgent, but must be completed by April 18, 2009.
- Make those responsible for depositing federal payroll taxes aware of the potential need to claim the credit and identify any administrative difficulties.
- Consider whether to make changes to existing or pending severance programs in light of the availability of the subsidy.

KEY CONTACTS

US BENEFITS OFFICE LOCATIONS

NEW ENGLAND

Bangor, ME
207 942 4671

Boston, MA
617 557 7517

Hartford, CT
860 756 7365

Shelton, CT
203 924 2994

NORTHEAST

Buffalo, NY
716 856 1100

Cranford, NJ
908 931 3005

Florham Park, NJ
973 410 4622

Morristown, NJ
973 829 6374
973 829 6465

New York, NY
212 915 8802

Norwalk, CT
203 523 0501

Philadelphia, PA
610 260 4351

Radnor, PA
610 254 7289

Wilmington, DE
302 397 0171

ATLANTIC

Baltimore, MD
410 584 7528

Bethesda, MD
301 581 4261

Knoxville, TN
865 588 8101

Memphis, TN
901 248 3103

Nashville, TN
615 872 3716

Norfolk, VA
757 628 2303

Reston, VA
703 435 7078

Richmond, VA
804 527 2343

Rockville, MD
301 692 3025

SOUTHEAST

Atlanta, GA
404 224 5000

Birmingham, AL
205 871 3300

Charlotte, NC
704 344 4856

Gainesville, FL
352 378 2511

Greenville, SC
704 344 4856

Jacksonville, FL
904 355 4600

Marietta, GA
770 425 6700

Miami, FL
305 421 6208

Mobile, AL
251 544 0212

Orlando, FL
352 378 2511

Raleigh, NC
704 344 4856

Savannah, GA
912 239 9047

Tallahassee, FL
850 385 3636

Tampa, FL
813 490 6808
813 289 7996

Vero Beach, FL
772 469 2842

MIDWEST

Appleton, WI
414 259 8837

Chicago, IL
312 527 6482
312 621 4843
312 621 4704

Cleveland, OH
216 357 5921

Columbus, OH
614 326 4788

East Lansing, MI
517 349 3226

Grand Rapids, MI
248 735 7249

Green Bay, WI
414 259 8837

Milwaukee, WI
414 203 5248
414 259 8837

Minneapolis, MN
763 302 7131
763 302 7209

Moline, IL
309 764 9666

Pittsburgh, PA
412 645 8537
412 586 3524

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847 517 3469

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806 376 4761

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512 651 1660

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972 715 2194
972 715 6272

Denver, CO
303 765 1564
303 773 1373

Houston, TX
281 584 1672
281 584 1676
713 625 1017

McAllen, TX
956 682 9423

Mills, WY
307 266 6568

New Orleans, LA
504 581 6151

Oklahoma City, OK
405 232 0651

Overland Park, KS
913 498 4423
913 339 0800, ext. 108

San Antonio, TX
210 979 7470

Wichita, KS
316 494 6174

WESTERN

Aliso Viejo, CA
949 461 3996

Fresno, CA
559 256 6212

Las Vegas, NV
602 787 6235
602 787 6078

Los Angeles, CA
213 607 6300

Novato, CA
415 493 5210

Phoenix, AZ
602 787 6235
602 787 6078

Portland, OR
503 274 6224

Rancho/Irvine, CA
562 435 2259

San Diego, CA
858 535 1800
858 678 2130

San Francisco, CA
415 291 1567

San Jose, CA
415 291 1567

Seattle, WA
800 456 1415

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