

## LABOR SURPLUS AREAS—OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010—Continued

Eligible labor surplus areas	Civil jurisdictions included
Janesville city, WI .....	Rock County, WI.
Menominee County, WI .....	Menominee County, WI.
Milwaukee city, WI .....	Milwaukee County, WI.
Racine city, WI .....	Racine County, WI.
Rusk County, WI .....	Rusk County, WI.
Sawyer County, WI .....	Sawyer County, WI.
Washburn County, WI .....	Washburn County, WI.

[FR Doc. 2010-6207 Filed 3-19-10; 8:45 am]

**BILLING CODE P****DEPARTMENT OF LABOR****Employment and Training Administration****Workforce Investment Act; Native American Employment and Training Council**

**AGENCY:** Employment and Training Administration, U. S. Department of Labor.

**ACTION:** Notice of meeting.

**SUMMARY:** Pursuant to Section 10(a)(2) of the Federal Advisory Committee Act (FACA) (Pub. L. 92-463), as amended, and Section 166(h)(4) of the Workforce Investment Act (WIA) [29 U.S.C. 2911(h)(4)], notice is hereby given of the next meeting of the Native American Employment and Training Council (Council), as constituted under WIA.

**DATES:** The meeting will begin at 10:30 a.m. (Central Time) on Thursday, April 29, 2010, and continue until 4:30 p.m. that day. The meeting will reconvene at 9 a.m. on Friday, April 30, 2010, and adjourn at 12 p.m. that day. The period from 2:30 p.m. to 4:30 p.m. on April 29, 2010, will be reserved for participation and presentations by members of the public.

**ADDRESSES:** The meetings will be held at the Albuquerque Marriot Uptown, 2101 Louisiana Boulevard, Albuquerque, New Mexico 87110.

**SUPPLEMENTARY INFORMATION:** The meeting will be open to the public. Members of the public not present may submit a written statement on or before April 22, 2010, to be included in the record of the meeting. Statements are to be submitted to Mrs. Evangeline M. Campbell, Designated Federal Official (DFO), U.S. Department of Labor, 200 Constitution Avenue, NW., Room S-4209, Washington, DC 20210. Persons who need special accommodations should contact Mr. Craig Lewis at (202) 693-3384, at least two business days before the meeting. The formal agenda

will focus on the following topics: (1) U.S. Department of Labor (DOL), Employment and Training Program Year 2010—Program Year 2011 Strategic Planning; (2) Reauthorization of WIA; (3) Program Year 2010–2011 Training and Technical Assistance Guidance Letter; (4) Training and Technical Assistance; (5) 2010 Census; (6) Council Update; (7) Council Workgroup Reports; and (8) Council Recommendations.

**FOR FURTHER INFORMATION CONTACT:** Mrs. Campbell, DFO, Indian and Native American Program, Employment and Training Administration, U.S. Department of Labor, Room S-4209, 200 Constitution Avenue, NW., Washington, DC 20210. Telephone number (202) 693-3737 (VOICE) (this is not a toll-free number).

Signed at Washington, DC, this 17th day of March 2010.

**Jane Oates,**

*Assistant Secretary, Employment and Training Administration.*

[FR Doc. 2010-6208 Filed 3-19-10; 8:45 am]

**BILLING CODE 4510-FR-P****DEPARTMENT OF LABOR****Employee Benefits Security Administration****Publication of Model Notices for Health Care Continuation Coverage Provided Pursuant to the Consolidated Omnibus Budget Reconciliation Act (COBRA) and Other Health Care Continuation Coverage, as Required by the American Recovery and Reinvestment Act of 2009 (ARRA), as Further Amended by the Temporary Extension Act (TEA) of 2010, Notice**

**AGENCY:** Employee Benefits Security Administration, Department of Labor.

**ACTION:** Notice of the availability of the Model Health Care Continuation Coverage Notices required by ARRA, as further amended by TEA.

**SUMMARY:** On March 2, 2010, President Obama signed the Temporary Extension Act of 2010 (Pub. L. 111-144), which extended, for a second time, and

expanded the availability of the health care continuation coverage premium reduction provided for COBRA and other health care continuation coverage as required by ARRA (Pub. L. 111-5). ARRA, as amended, retained the requirement that the Secretary of Labor (the Secretary), in consultation with the Secretaries of the Treasury and Health and Human Services, develop model notices. These models are for use by group health plans and other entities that, pursuant to ARRA, as amended, must provide notices of the availability of premium reductions and additional election periods for health care continuation coverage. This document announces the availability of the model health care continuation coverage notices required by ARRA, as further amended by TEA.

**FOR FURTHER INFORMATION CONTACT:** Kevin Horahan or Mark Connor, Office of Health Plan Standards and Compliance Assistance, Employee Benefits Security Administration, (202) 693-8335. This is not a toll-free number.

**SUPPLEMENTARY INFORMATION:****I. Background**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) created the health care continuation coverage provisions of Title I of the Employee Retirement Income Security Act of 1974 (ERISA), the Internal Revenue Code (Code), and the Public Health Service Act (PHS Act). These provisions are commonly referred to as the “COBRA continuation provisions,” and the continuation coverage that they mandate is commonly referred to as “COBRA continuation coverage.” Group health plans subject to the Federal COBRA continuation provisions are subject to ARRA’s premium reduction provisions and notice requirements. The Federal COBRA continuation coverage provisions do not apply to group health plans sponsored by employers with fewer than 20 employees. Many States require health insurance issuers that provide group health insurance coverage to plans not subject to the COBRA continuation provisions to provide comparable continuation

coverage. Such continuation coverage provided pursuant to State law is also subject to ARRA's premium reduction provisions and notice requirements.

## II. Description of the Model Notices

### a. In General

ARRA, as further amended, mandates the provision of certain notices. Each of these notices must include: A prominent description of the availability of the premium reduction, including any conditions on the entitlement; a model form to request treatment as an "Assistance Eligible Individual";<sup>1</sup> the name, address, and telephone number of the plan administrator (and any other person with information about the premium reduction); a description of the obligation of individuals paying reduced premiums who become eligible for other coverage to notify the plan; and (if applicable) a description of the opportunity to switch coverage options.

The Department of Labor (the Department) created these model notices to cover an array of situations in order to deal with the complexity of the various scenarios facing dislocated workers and their families. In an effort to ensure that the notices include all of the information required under ARRA, as amended, while minimizing the burden imposed on group health plans and issuers, the Department has created several packages. As with those models previously developed by the Department, each of the new packages is designed for a particular group of qualified beneficiaries, and contains all of the information needed to satisfy the content requirements for ARRA's new and amended notice provisions. The packages include the following disclosures:

- A summary of ARRA's premium reduction provisions.
- A form to request the premium reduction.
- A form for plans (or issuers) that permit qualified beneficiaries to switch coverage options to use to satisfy ARRA's requirement to give notice of this option.
- A form for an individual to use to satisfy ARRA's requirement to notify the plan (or issuer) that the individual is eligible for other group health plan coverage or Medicare.

<sup>1</sup>In general, an "Assistance Eligible Individual" is an individual who has experienced an involuntary termination of employment that is a COBRA "qualifying event" at any time from September 1, 2008 through March 31, 2010 if he or she elects such COBRA coverage. For purposes of ARRA, certain involuntary terminations are considered qualifying events despite the occurrence of a previous qualifying event.

- COBRA election forms and information, as appropriate.

### b. General Notice

Plans that are subject to the COBRA continuation provisions under Federal law are required to send the General Notice.<sup>2</sup> It must include the information described above and be provided to all qualified beneficiaries, not just covered employees, who experience a qualifying event through March 31, 2010.<sup>3</sup>

The Department has modified the previously updated version of this model notice so that it includes all of the information related to the premium reduction and other rights and obligations under ARRA, as further amended by TEA. This model also includes all of the information required in an election notice required pursuant to the Department's final COBRA notice regulations under 29 CFR 2590.606-4(b).<sup>4</sup> Using this model to provide notice to individuals who have experienced any qualifying event from September 1, 2008 through March 31, 2010 will satisfy the Department's existing requirements for the content of the COBRA election notice as well as those imposed by ARRA, as amended.

### c. Alternative Notice

Issuers that offer group health insurance coverage that is subject to comparable continuation coverage requirements imposed by State law must provide the Alternative Notice. The Alternative Notice must include the information described above and be provided to ALL qualified beneficiaries, not just covered employees, who have experienced a qualifying event through March 31, 2010.<sup>5</sup> The Department has

<sup>2</sup>Under ARRA, as amended, the Secretary generally is responsible for developing all of the model notices with the exception of model notices relating to Temporary Continuation Coverage under 5 U.S.C. 8905a, which is the responsibility of the Office of Personnel Management (OPM). In developing the original ARRA model notices, the Department was required to, and did, consult with the Departments of the Treasury and Health and Human Services, OPM, the National Association of Insurance Commissioners, and plan administrators and other entities responsible for providing COBRA continuation coverage. This set of models was again created in consultation with staff at the Departments of the Treasury and Health and Human Services.

<sup>3</sup>This notice need not be provided to the extent that a notice including accurate information regarding rights under ARRA has already been provided.

<sup>4</sup>The 60-day period for electing COBRA continuation coverage is measured from when a complete notice is provided. ARRA provides that COBRA election notices provided for qualifying events occurring during the effective dates of the premium reduction period are not complete if they fail to include information on the availability of the premium reduction.

<sup>5</sup>See note 3 above.

modified the previously updated version of this model notice. However, because continuation coverage requirements vary among States, it should be further modified to reflect the requirements of the applicable State law. Issuers of group health insurance coverage subject to this notice requirement should feel free to use the model Alternative Notice, the model Notice of New Election Period, the model Supplemental Information Notice, the model Notice of Extended Election Period, or the model General Notice (as appropriate).

### d. Notice of New Election Period

The Notice of New Election Period is required to be sent by plans that are subject to COBRA continuation provisions under Federal or State law. It must include the information described above and should be provided to all individuals who:

- Experienced a qualifying event that was a reduction in hours at any time from September 1, 2008 through March 31, 2010;
- Experienced a termination of employment at any point from March 2, 2010 through March 31, 2010; AND
- Either did not elect COBRA continuation coverage when it was first offered OR who elected but subsequently discontinued COBRA.

Individuals who experience an involuntary termination of employment after experiencing a qualifying event that consists of a reduction of hours MUST be provided this notice within 60 days of the termination of employment. The Department has created a model Notice of New Election Period. Using this model to provide notice to these individuals satisfies the requirements of ARRA, as amended by TEA.

### e. Supplemental Information Notice

The Supplemental Information Notice is required to be sent by plans that are subject to COBRA continuation provisions under Federal or State law. It must include the information described above and should be provided to all individuals who elected and maintained COBRA continuation coverage based on the following qualifying events:

- Terminations of employment that occurred at some time on or after March 1, 2010 for which notice of the availability of the premium reduction available under ARRA was not given; or
- Reductions of hours that occurred during the period from September 1, 2008 through March 31, 2010 which were followed by a termination of the employee's employment that occurred on or after March 2, 2010 and by March 31, 2010.

Individuals who experience an involuntary termination of employment after experiencing a qualifying event that consists of a reduction of hours MUST be provided this notice within 60 days of the termination of employment. Individuals with qualifying events that occurred at some time on or after March 1, 2010 for which notice of the availability of the premium reduction available under ARRA was not given MUST be provided this notice before the end of the required time period for providing a COBRA election notice.<sup>6</sup> The Department has created a model Supplemental Information Notice. Using this model to provide notice to these individuals satisfies the requirements of ARRA, as amended by TEA.

#### f. Notice of Extended Election Period

The Notice of Extended Election Period is required to be sent by plans that are subject to COBRA continuation provisions under Federal or State law. It must include the information described above and be provided to ALL individuals who experienced a qualifying event that was a termination of employment at some time on or after March 1, 2010, were provided notice that did not inform them of their rights under ARRA, as amended by TEA, and either chose not to elect COBRA continuation coverage at that time OR elected COBRA but subsequently discontinued that coverage. This notice MUST be provided before the end of the required time period for providing a COBRA election notice.<sup>7</sup> The Department has created a model Notice of Extended Election Period. Using this model to provide notice to these individuals satisfies the requirements of ARRA, as amended by TEA.

### III. For Additional Information

For additional information about ARRA's COBRA premium reduction provisions as amended by TEA, contact the Department's Employee Benefits Security Administration's Benefits Advisors at 1-866-444-3272. In addition, the Employee Benefits Security Administration has developed a dedicated COBRA Web page <http://www.dol.gov/COBRA> that will contain information on the program as it is developed. Subscribe to this page to get up-to-date fact sheets, FAQs, model notices, and applications.

<sup>6</sup> ARRA section 3001(a)(7) provides that COBRA election notices provided for qualifying events occurring during the effective dates of the premium reduction program are not complete if they fail to include information on the availability of the premium reduction.

<sup>7</sup> See note 6 above.

### IV. Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number; further, the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

OMB has approved the Department's no-material, non-substantive change request for the updated notices under OMB Control Number 1210-0123. The public reporting burden for this collection of information is estimated to average approximately 3 minutes per respondent, including time for gathering and maintaining the data needed to complete the required disclosure. There is also an additional \$0.44 average cost per response for mailing costs. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, NW., Room N-1301, Washington, DC 20210 or e-mail [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0123.

### V. Models

The Department has decided to make the model notices available in modifiable, electronic form on its Web site: <http://www.dol.gov/COBRA>.

### VI. Statutory Authority

**Authority:** 29 U.S.C. 1027, 1059, 1135, 1161-1169; Sec. 3001, Pub. L. 111-5, 123 Stat. 115; Sec. 1010, Pub. L. 111-118, 123 Stat. 3409; Sec. 3, Pub. L. 111-144, 124 Stat. 42; and Secretary of Labor's Order 6-2009, 74 FR 21524 (May 7, 2009).

Signed at Washington, DC this 15th day of March 2010.

**Phyllis C. Borzi,**

*Assistant Secretary, Employee Benefits Security Administration.*

[FR Doc. 2010-6174 Filed 3-19-10; 8:45 am]

**BILLING CODE 4510-29-P**

## NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice (10-031)]

### NASA Advisory Council; Science Committee; Astrophysics Subcommittee; Meeting

**AGENCY:** National Aeronautics and Space Administration.

**ACTION:** Notice of meeting.

**SUMMARY:** The National Aeronautics and Space Administration (NASA) announces a meeting of the Astrophysics Subcommittee of the NASA Advisory Council (NAC). This Subcommittee reports to the Science Committee of the NAC. The Meeting will be held for the purpose of soliciting from the scientific community and other persons scientific and technical information relevant to program planning.

**DATES:** Monday, April 12, 2010, 2 p.m. to 5 p.m., EDT.

**ADDRESSES:** This meeting will take place telephonically and by WebEx. Any interested person may call the USA toll free conference call number (800) 779-1627, pass code APS, to participate in this meeting by telephone. International callers may contact Ms. Marian Norris for country-specific conference call numbers. For WebEx information, please contact Ms. Marian Norris.

**FOR FURTHER INFORMATION CONTACT:** Ms. Marian Norris, Science Mission Directorate, NASA Headquarters, Washington, DC 20546, (202) 358-4452, fax (202) 358-4118, or [mnorris@nasa.gov](mailto:mnorris@nasa.gov).

**SUPPLEMENTARY INFORMATION:** The agenda for the meeting includes the following topics:

- Astrophysics Division Update.
- Kepler Data Release Policy.

It is imperative that the meeting be held on this date to accommodate the scheduling priorities of the key participants.

Dated: March 16, 2010.

**P. Diane Rausch,**

*Advisory Committee Management Officer, National Aeronautics and Space Administration and Space Administration.*

[FR Doc. 2010-6291 Filed 3-19-10; 8:45 am]

**BILLING CODE 7510-13-P**