

**Crosswalk of Changes Between  
Request for Expedited Review of Denial of Premium Assistance (4/09) and  
Request for Review if You Have Been Denied Premium Assistance (6/09)**

The table below outlines changes from the 4/09 information collection request (ICR). The vast majority of these changes fall within the clarification category. Except as noted, changes marked as clarification were made to keep the form as simple as possible by removing or using less technical language.

<b>Section</b>	<b>Change(s)</b>	<b>Reason</b>	<b>Change in Reporting Burden</b>
<b>Introduction</b>			
Title	Changed from <i>Request for Expedited Review of Denial of Premium Assistance</i> to <i>Request for Review if You Have Been Denied Premium Assistance</i> .	Clarification	N/A
General Information	Removed technical language and discussion of the statute (i.e., payroll tax credits for employers).	Clarification	N/A
	Added simplified discussion 1. laying out rules to qualify for premium assistance; and 2. explaining types of employees whose group health insurance would allow them and their dependents to apply to CMS for review of denied premium assistance.	Clarification	N/A
	Updated contact information of contractor working for CMS on premium assistance project.	Clarification: update	N/A
Applying for Review	Advised individuals not sure of particular answers on how to fill out the form.	Clarification	N/A
Applying for Review	Corrected website and e-mail addresses of CMS's contractor.	Clarification: corrections	N/A
<b>Instructions</b>			
Title	Changed as per front page.	Clarification: correction	N/A
Number of Questions	Changed from "1-10" to "1-11."	Clarification: correction	N/A
Question 6	Moved from Question 6 to 7 and	Clarification	N/A

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<b>Section</b>	<b>Change(s)</b>	<b>Reason</b>	<b>Change in Reporting Burden</b>
	reworded instructions sending employees of large private companies and their families to Department of Labor.		
Question 7	Removed technical instructions on counting part-time employees and special counting rules for multiemployer plans.	Clarification	N/A
Question 8	Slightly reworded last sentence to clarify that a State with comparable continuation coverage must take action for an additional election period to apply.	Clarification	N/A
Question 11	Changed if “exercised any delay or waiver” to “waived the right to collect.”	Clarification	N/A
<b>Application</b>			
Title	Changed as per front page.	Clarification: correction	N/A
	Added OMB control number and expiration date.	Clarification	None
Applicant’s Information	Requested name of employee if applicant is not the employee.	Lessons learned	None
	Listed specific hours that applicant should provide the best phone number at which to be reached.	Clarification	None
	Removed requirement that applicant note whether his or her number(s) is for home, work or cell phone.	Clarification	None
Involuntary termination: Question 5, a - f	Added term “above” to indicate IRS guidance would help individuals fill out answer questions in 5.	Clarification	None
Information about employer; plan sponsor; parent	Changed classification of entities that could possibly be involved in continuation coverage to create a new classification entitled “plan sponsor” for cases in which employers are not also plan sponsors.	Clarification	None

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<b>Section</b>	<b>Change(s)</b>	<b>Reason</b>	<b>Change in Reporting Burden</b>
company; and/or insurance, HMO or benefits administrator	For insurers category, requested phone and fax numbers, e-mail and website addresses, group number of insurance plan and applicant's plan ID number. The request for this information was inadvertently left off the 4/09 ICR.	Clarification: correction	None
Signature Block	Specified that applicant is signing under the penalty of perjury.	Clarification	None
Paperwork Reduction Act Statement	Updated to reflect most current agency language.	Clarification	N/A

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