

COBRA Recapture Statement

Complete the following information

Taxpayer Name

Social Security Number

Daytime telephone number (including area code)

() -

Complete the following information

I, _____, under penalties of perjury, certify that I did not meet the
(Print Name)

requirements, as explained in the enclosed letter and Publication 502, for recapturing COBRA premium assistance, for the 2009 tax year.

I did not meet the requirements because:

NOTE: If you are not required to recapture your COBRA premium assistance because of the modified adjusted gross income calculation, please send us a completed copy of the worksheet for Recapture of COBRA Premium Assistance for Higher Income Taxpayers (also included with the letter), when you send us this completed Form.

Signature

Date