

Boston, MA 02203

Phone: (617) 565-9600
Telefax: (617) 565-0888



December 2012

REDACTED
REDACTED

Re: REDACTED
EIN/PN: REDACTED

Dear REDACTED:

The Department of Labor has responsibility for the administration and enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). Title I establishes standards

Benefits Plan ("the Plan")

Secretary of Labor by Section 504 of ERISA, 29 U.S.C. 1104, which states in part:

The Secretary shall have the power, in order to determine whether any person

Additionally, the Plan will be examined for the purpose of determining whether it is complying with the laws contained in Part 7 of ERISA, including the health insurance portability and

Act and Health Care and Education Reconciliation Act (together the Affordable Care Act). These laws amended Part 7 of ERISA and provide requirements for group health plans.

We have found in the past that submission of relevant documents to our office prior to the administrative burden placed on plan and corporate officials and may eliminate the need for an on-site visit entirely. To that end, we ask that you submit to this office, within ten business days of your receipt of this letter, the documentation listed on the enclosed Attachment A.

Sincerely,

Investigator

Attachment

ATTACHMENT A

**COPIES OF ITEMS LISTED BELOW SHOULD BE SUBMITTED AS INDICATED
IN THE COVER LETTER**

Please provide copies of all of the items listed below related to the Plan. If an item is not applicable, please provide a brief explanation as to why the item is not being provided.

not applicable. If any item is not provided for any other reason, please provide a brief explanation as to why the item is not being provided.

1. Plan document;

2. Summary Annual Reports for 2010 and 2011;

3. Summary Annual Reports for 2010 and 2011;

4. The name, title, address and telephone number for the Plan's contact person (i.e. the person at the employer/plan sponsor responsible for the day-to-day activities of the Plan.);

5. List of all service providers to the Plan from January 1, 2010 to the present;

6. All service providers to the Plan from January 1, 2010 to the present;

7. If the Plan is fully insured, please provide a copy of the most recent monthly bill showing the amount of premium and the amount of the employer's contribution;

8. A copy of the cancelled check, wire transfer records or other method of payment of the premium described in #7;

9. If self-insured, all contracts for claims processing, administrative services, and reinsurance;

10. Documents which describe the responsibilities of both the employer and employee with respect to the payment of the costs associated with the purchase and maintenance of health and welfare benefits;

11. If the Plan is self-insured, please provide the following records:

a. A copy of the Plan's rules for eligibility to enroll under the terms of the Plan (including continued eligibility);

b. A blank enrollment form for the Plan;

c. The portion of the Employee Handbook, if any, related to the Plan;

d. A sample Certificate of Creditable Coverage provided to those employees

provided to those who may lose health care coverage under this plan in the

e. A copy of the record or log of all Certificates of Creditable Coverage for individuals who lost coverage under the Plan or requested certificates;

f. A copy of the written procedure for individuals to request and receive

g. A written procedure for individuals to request and receive

h. A written procedure for individuals to request and receive

h. Copies of Individual Notices of Preexisting Condition exclusion issued to certain individuals per the regulations (including any lists or logs an administrator may keep of issued notices), or proof that the Plan does not impose a preexisting condition exclusion;

Creditable Coverage to demonstrate creditable coverage by alternative means;

j. Records of claims denied due to the imposition of the preexisting condition exclusion (as well as the Plan's determination and

Plan does not impose a preexisting condition exclusion;

k. The Plan's Notice of Special Enrollment Rights, including lists or logs the

Plan Administrator maintains related to the issuance of the Notice;

l. A copy of the written procedure for individuals to request and receive

m. A copy of the written procedure for individuals to request and receive

n. A copy of the Plan's rules for the coverage of dependent care, dental, vision, and mental health benefits, including information as to any aggregate lifetime dollar limits and annual dollar limits;

13. The Plan's Newborns' Act Notice, including lists or logs the Plan Administrator maintains related to the issuance of the Notice;

14. A sample of the written description of benefits mandated by WHCRA required for stay in connection with childbirth;

15. A sample of the written description of benefits mandated by WHCRA required to be provided to participants and beneficiaries upon enrollment;

16. A sample of the written description of benefits mandated by WHCRA required to be provided to participants and beneficiaries annually;

17. Materials describing any "in-lieu-of" or "in-kind" benefits provided to participants to meet a standard related to a health factor, the plan should also include its

ix If the Plan is claiming or has claimed grandfathered health plan status within the records:

a. A copy of the grandfathered health plan status disclosure statement that was required to be included in plan materials provided to participants and beneficiaries describing the benefits provided under the Plan

b. Records documenting the terms of the Plan in effect on March 23, 2010 and any other documents necessary to verify, explain or clarify

contribution rate of the employer or employee organization towards

WERE IN EFFECT ON MARCH 23, 2010,

19. Regardless of whether the Plan is claiming grandfathered status, please provide Affordable Care Act:

a. In the case of a plan that provides dependent coverage, please provide a sample of the written notice describing enrollment opportunities

b. If the Plan has rescinded any participant's or beneficiary's coverage

showing the limits applicable for each plan year on or after September 23, 2010.

Please provide a sample of any notice sent to participants or beneficiaries stating that the lifetime limit on the dollar value of all benefits no longer applies and that the individual, if covered, is once again eligible for benefits under the plan.

d. If the Plan imposes an annual limit or has imposed an annual limit at

20. If the Plan is NOT claiming grandfathered health plan status under section 1251 of the Affordable Care Act, please also provide the following procedures:

right to designate any participating primary care provider, physician specializing in pediatrics in the case of a child, or health care

professional specializing in obstetric or gynecology in the case of

b. If the Plan provides such benefits at an emergency department of a hospital, please provide copies of documents relating to such emergency services for each plan year on or after September 23, 2010.

c. Copies of documents relating to the provision of reproductive services for each plan year on or after September 23, 2010.

Processes.

e. Copies of a notice of adverse benefit determination, notice of final internal adverse determination notice, and notice of final external

f. If applicable, any contract or agreement with any independent review