## PROVIDER GROUP

INSURANCE | EMPLOYEE BENEFITS | CONSULTING

## Example of Document Request Checklist for a Department of Labor Audit

- Plan Documents for the Health Plan along with all amendments (documents should provide detailed descriptions of all the services offered under the Plan as well as explain the restrictions and the costs to participants)
- □ Trust agreement and all amendments
- □ Most recent Summary Plan Description
- □ Form 5500 Annual Return/Report of Employee Benefit Plan for 2003, 2004, and 2005. (Include all Schedules, Accountant's Opinions, Financial Statements, and Notes to the Financial Statements.)
- □ Listing of all service providers to the Plan (within a date range to be specified)
- □ All current contracts with any administrative service providers to the Plan, along with most current fee schedules
- Any and all insurance contracts between the Plan and insurance providers
- □ The name, address and telephone number of the contact person for the Plan Administrator
- □ A sample (i.e. blank) certificate of creditable coverage and a sample (i.e. blank) COBRA notice for the Plan
- □ Notice of special enrollment rights distributed to employees on or before the time they are offered the opportunity to enroll in the Plan
- Documentation stating the eligibility criteria for enrolling in the Plan
- Documentation regarding any breast cancer benefits offered under the Plan (please include a copy of the Women's Health and Cancer Right's Act ("WHCRA") Notice distributed to participants upon enrollment in the plan and annually)
- □ A copy of the most recent monthly bill, premium request/invoice ("premium") from the insurance carrier
- □ A copy of the check, wire transfer or other method of payment of the premium described above
- □ Enrollment form for the Plan
- □ Employee handbook
- □ All documentation regarding the Plan's claim procedures (i.e. description of the claims process, steps for appealing a denied claim, timeframes for appealing a claim and receiving a response to the appeal and a description of any grievance procedure for participants who feel their claims have been processed or paid incorrectly)
- □ Fidelity Bond—effective dates page (i.e. declaration page and loss pay over and ERISA rider, identifying the Plan as a named insured and specifying the amount of coverage and name of surety company)

## For more detailed information about a DOL Audit, contact

## Jamie Moran, Principal and Director of Employee Benefits - jmoran@providerig.com or 800-466-0922

\*This information is provided for general information purposes only and is not intended to constitute legal or other advice or opinions on any specific matters, and is not intended to replace the advice of a qualified attorney, plan provider or professional advisor.