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| This document is the property of the Employee Benefits Security Administration.  It is not to be disclosed to unauthorized persons. | File No. (77) |
| Subject:  Name  Address  City, State Zip | Date: |
| By: Name  Investigator/Auditor |
| Approved by: |
| EIN: | Status: Closed |

1. **Predication**

[State the reason for case opening and for conducting an investigation.]

1. **Background**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Service Provider: | | | |
| Type of Clients:  Health  Retirement  Other | | | |
| As of / / | No. of ERISA Plan Clients: | | No. of Participants: |
| Period Covered by Investigation: / / to / / | | | |
|  | | | |
| Services Provided: | | | |
| Claims/Benefit Determination | | COBRA Administration | |
| Claims/Benefit Payments | | Benefit Consulting | |
| Pre/Maintenance Participant Records | | Investment | |
| Bonding | | Utilization Review | |
| Legal | | Actuarial | |
| Document Preparation -  5500  Plan Document  SPD  SAR | | | |
|  | | | |
| Other: | | | |

1. **Areas Examined** – *Describe all areas examined.*
2. **Records Reviewed –** *List records reviewed.**For each item listed, supporting documentation obtained during the investigation should be retained in the case file.*

1. **Interviews Conducted –** *Provide the name and title/position of each individual interviewed. Supporting documentation for each interview conducted should be retained in the case file.*

1. **Issues Identified & Resolution**

[Provide a brief description of the issues reviewed, identified and the facts showing that the allegations/issues were not violations.

1. **Referrals and Final Communications**
2. IRS Referral Yes  N/A
3. OCA Referral Yes  N/A
4. Participant Complaint Disposition Notice Yes  N/A
5. SBREFA Notice Yes  N/A

SBREFA notice is required when a plan sponsor, plan or plan service provider has less than 100 participants or employees during the course of an ERISA Title I civil investigation.