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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/PN: | Status: Closed |

1. **Predication**

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

1. **Background**

|  |  |
| --- | --- |
| **Plan Sponsor**:  | **Single Employer Plan**: [ ]  Yes [ ]  No |
| **Funding Type**: [ ]  Self-funded [ ]  Fully-funded [ ]  Mix-funded | **MEWA**: [ ]  Yes [ ]  No |
| **Funding Arrangement for Distribution of Benefits**: [ ]  Insurance [ ]  Trust [ ]  General Assets of Sponsor [ ]  IRC § 412 Insurance Contracts |
| **Premiums Paid by**: [ ]  Employer Only [ ]  Employer and Employee [ ]  No Premiums |
| **Contract Types**:[ ]  Indemnity [ ]  PPO [ ]  HMO [ ]  POS [ ]  Other (identify) | **Prototype**: [ ]  Yes [ ]  No |
| **Contract(s) Period (s):** |
| **Benefit Types:** [ ]  Health (other than Dental/Vision) [ ]  Health and Dental [ ]  Health and Vision[ ]  Health and Non-Health [ ]  Health, Dental and Vision [ ] Health, Dental and Non-Health[ ]  Health, Dental, Vision and Non-Health [ ]  Other (identify)  |
| **Other Plans Reviewed:**   |
| **As of** / /  | **Assets**: $ | **Participants**: |
| **Period Covered by Investigation**: / / to / / |
|  |
| **Service Providers**:  |
| [ ]  Plan Administrators:  |
| [ ]  Claims Processors, Adjudicators:  |
| [ ]  Trustees:  |
| [ ]  Insurance Companies (indicate if ASO):  |
| [ ]  Network Providers (e.g., PPO, PBM):  |
| [ ]  Third Party Administrators:  |
| [ ]  Financial Institutions, Custodians, or other Parties Holding Plan Assets:  |
| [ ]  Actuaries  |
| [ ]  Other (e.g., accountants, brokers, investment advisors/managers, etc.):  |

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. OHPSCA Approval (include explanation) Yes [ ]  N/A [ ]
3. IRS Referral Yes [ ]  N/A [ ]
4. OCA Referral Yes [ ]  N/A [ ]
5. Participant Complaint Disposition Notice Yes [ ]  N/A [ ]
6. 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.

1. Other Referrals (*e.g., State Department of Insurance*

*State Attorney General’s Office, etc.*) Yes [ ]  N/A [ ]