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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