



**United States Department of Labor
Employee Benefits Security Administration
Workshop: Understanding the Patient Protection and Affordable Care Act**

Strong fiduciary oversight and protecting workers' benefits are two of the highest priorities of the U.S. Department of Labor. However, we recognize that understanding and complying with DOL regulations can be challenging for any employer. This is especially so for small and medium sized employers with limited time, resources, and access to professional assistance. The Department of Labor's Employee Benefits Security Administration (EBSA) wants to help.

EBSA is offering a free workshop on the Patient Protection and Affordable Care Act (the ACA). Employers who sponsor a health plan for their employees and health plan service providers are welcome to attend. Materials on the ACA and other laws affecting employer-sponsored health plans will be provided to attendees.

Pre-registration is required and seats are allocated based on a first-come basis. We ask that you make every effort to attend the workshop once you register, or send an alternate. Late registrations will be accepted based upon availability.

Attendees must bring a valid picture ID and be processed through the security entrance. Passing through security should take approximately 20 minutes.

When: February 27, 2014, 10:00am – 12:00pm

Where: J.F.K. Federal Building
15 New Sudbury Street, Room 900B
Boston, Massachusetts 02203

Cost: It's free! (Attendees will be responsible for any transportation costs)

Registration: Fax this form to (617) 565-9666

For More Information: Call Kristy Phillips at (617) 565-1396

EBSA benefits advisors will be onsite to address your specific questions. Please let us know if the following accommodations are needed:

Individuals with disabilities who need special accommodations please check here.

The list of attendees will be available on request. Please indicate if you do not want your name shared by checking here.

Workshop Registration Form

Registrants Name:	Title:
Company And/Or Association:	Address:
Telephone/Fax Number:	Email Address: