



# United States Department of Labor Employee Benefits Security Administration Health Benefits Coverage under Federal Law Workshop

The Department of Labor is holding this workshop to help you comply with federal laws regarding your health plan and answer your questions about new laws and issues. We recognize that understanding and complying with DOL regulations can be challenging especially for small and medium sized employers with limited time, resources and/or access to professional assistance. This workshop will provide practical information, helpful tips and clarification regarding federal health benefits laws.

EBSA is offering a free workshop in your area where we will discuss:

- COBRA
- Wellness Programs and HIPAA Non-Discrimination
- The Patient Protection and Affordable Care Act

A [compliance assistance guide](#) will be provided to all attendees, along with a discussion of the various laws that impact these health benefits. Employers who sponsor a health plan for their employees, as well as health plan service providers, are welcome to attend.

Pre-registration is required by June 8, 2012, 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. Please act quickly to reserve your spot!

**When:** June 12, 2012, 8:30am – 12:00pm EST

**Where:** Tennessee Technology Center Nashville

**Cost:** The workshop and all materials provided are free!

**Registration:** Fax this form to 404-302-3978

Or email to [EBSAATL.OUTREACH@dol.gov](mailto:EBSAATL.OUTREACH@dol.gov)

**For More Information:** Telephone Tracy Bennett at 404-302-3913

Individuals with disabilities who need special accommodations please check here.

The attendees list will be available on request. Please check here if you do not want your name shared.

## Health Benefits Laws Workshop Registration Form

**Registrants Name:**

**Title:**

**Company And/Or Association:**

**Address:**

**Telephone/Fax Number:**

**Email Address:**