Report of Investigation

U.S. Department of Labor
Pension and Welfare Benefits Administration

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File No. (53)

Subject: SERVICE PROVIDER

Case Name
Address

EIN/PN

Date

By Investigator/Auditor

Approved By

Status CLOSED

I. Predication

(State the reason for the case opening and for conducting an investigation.)

II. Background

Type of Service Provider: ___ Health ___ Pension ___ Other
As of / / Number of ERISA Covered Plans _____ Participants _____
Period Covered by Investigation / / to / /
Services:

___ Claim/Benefit Determination
___ Claim/Benefit Payments
___ Prep/Maintenance Partic. Records
___ Prep/Maintenance Accounting Records
___ Bonding
___ Legal
___ Doc Prep: ___5500 ___Plan ___SPD ___SAR
___ COBRA Administration
___ Benefit Consulting
___ Investment
___ Insurance
___ Utilization Review
___ Actuarial

Other: _____

III. Areas Examined

___ Scope of Fid. Respon.
___ Claim/Benefit Processing
___ Claim/Benefit Payments
___ Unnec'y/Duplicate Svcs.
___ Contributions
___ Commissions
___ Ins. Arrngmnt.
___ Fees
___ COBRA Administration
___ Investments
___ Actuarial Services
___ Rebates

Other: _____

IV. Records Reviewed

(For each item checked, supporting documentation obtained during the investigation should be retained in the case file.)

A. General Service Provider Records

___ Client List
___ State License
___ Organizational Chart
___ Marketing Materials
___ Receipts/Disbursements
___ Financial
___ Bank/Investment
___ SP Contracts

Other: _____

B. Plan/Client Records

___ Administration Agreement
___ Billing/Invoices
___ Contributions/Premiums
___ Participant Records
___ Pended Claims
___ Plan/Trust Doc
___ Form 5500
___ Benefits/Claims
___ Correspondence
___ Trustee/Corp. Minutes
___ Financial Statements
___ Bank/Invt Statements
___ Insurance Contracts
___ Other Contracts

Other: _____

V. Interviews Conducted (Supporting documentation for each interview conducted should be retained in the case file.)

___ Service Provider Personnel
___ Plan Administrator
___ Plan Sponsors
___ Plan Trustee
___ Accountant
___ Attorney

Other: _____

_____

VI. Issues Identified and Resolution: (Provide a brief description of the issues identified and the facts showing that the allegations/issues were not violations.)