

Strong fiduciary oversight and protecting workers' benefits is one 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, but especially so for small and medium sized employers with limited time, resources and/or access to professional assistance. The Department wants to help.

A free employer workshop, "Understanding Your Fiduciary Responsibilities Under ERISA" will be offered in your area. The Employee Benefits Security Administration (EBSA) will present an introduction to the Employee Retirement Income Security Act (ERISA) and cover some of the basics of pension and health plan administration. This will include an overview of the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Pre-registration is required and 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. The Federal Courthouse does not allow any electronic equipment, including cell phones. Please leave all electronic equipment and cell phones in your vehicle or office location.

When: September 24, 2008

Where: U.S. District Court (Federal Courthouse)

401 North Market, Jury Assembly Room B-59

Wichita, Kansas 67202

**Time:** 12:30 pm – 4:30 pm

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

**Registration:** Fax this form to 816.285.1889 Or email to ERFORUM@dol.gov

Registrations should be submitted no later than September 19, 2008

For More Information: Call Fran Gray or Renee Brown at 816.285.1800

| Workshop Registration Form  |                |
|-----------------------------|----------------|
| Registrants Name:           | Title:         |
| 1)                          | 1)             |
| 2)                          | 2)             |
| 3)                          | 3)             |
| Company And/Or Association: | Address:       |
| Telephone/Fax Number:       | Email Address: |
| 1)                          | 1)             |
| 2)                          | 2)             |
| 3)                          | 3)             |