



This document is the property of the Pension and Welfare Benefits Administration. Its contents are not to be disclosed to unauthorized persons.

File No. (48)

Subject: SERVICE PROVIDER

Date

Case Name
Address

By Investigator/Auditor

EIN/PN

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
- ___ Investment
- ___ 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
- ___ Org. Chart
- ___ Marketing Materials
- ___ Receipt/Disbursement Rec
- ___ Fee Schedules/Compensation
- ___ Financial
- ___ Bank/Investment
- ___ SP Contracts

Other: _____

