## U.S. Department of Labor

Employee Benefits Security Administration



		Date:
se Name:		
dress:		By Investigator/Auditor:
		Approved By:
		Status
N/PN:		
investigation.)  II. Background		
As of / / : No Period Covered by I Services: Claims/Benefit I Claim/Benefit Pa Prep/Maintenance Prep/Maintence I Bonding Legal	Investigation: / / Determination ayments e Partic. Records Accounting Records	s: Participants
III. Areas Examine Scope of Fid. ResClaim/Benefit ProClaim/Benefit PayUnnec'y/Duplicate Other:	sponContributions ocessingCommissions ymentsIns.Arrngmnt. e SvcsFees	COBRA Administration Investment Actuarial Services Rebates
	d (For each item checked, sup n should be retained in the cas	porting documentation obtained se file.)

## **B. Plan/Client Records**

Billing/Invoices	ent Plan/Trust Doc Trustee/Corp. Minutes Form 5500 Financial
statements	
Contributions/Premiur	s Benefits/Claims Bank/Invt
Statements	Construction of the second of
Participant Records Contracts	Correspondence Insurance
Pended Claims	Other Contracts Reports to Plans
O+1	and/or Clients
Other:	
	Supporting documentation for each interview conducted
should be retained in the cas	e file.)
Service Provider	Plan Administrator Accountant
Personnel	Plan Sponsors Attorney Plan Trustee
0+b •	
Other:	
VI. Issues Identified & Resaud the facts showing that the violations are found, cite the	olution (Provide a brief description of the issues identified e allegations/issues were not violations. In cases where facts showing that VC was achieved, including monetary lispositive action was taken.)