



This document is the property of the Employee Benefits Security Administration. Its contents are not to be disclosed to unauthorized persons.

File No.

(53)

Subject: Case Name: Address: EIN/PN:	Date: <hr/> By Investigator/Auditor: <hr/> Approved By: <hr/> Status
---	---

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 / / : No. of ERISA Covered Plans: Participants
Period Covered by Investigation: / / to / /
Services:
 Claims/Benefit Determination COBRA Administration
 Claim/Benefit Payments Benefit Consulting
 Prep/Maintenance Partic. Records Investment
 Prep/Maintenance Accounting Records Insurance
 Bonding Utilization Review
 Legal Actuarial
 Doc Prep: 5500 Plan SPD SAR
Other: _____

III. Areas Examined

Scope of Fid. Respon Contributions COBRA Administration
 Claim/Benefit Processing Commissions Investment
 Claim/Benefit Payments Ins.Arrngmnt. Actuarial Services
 Unnec'y/Duplicate Svcs. Fees 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 Marketing Materials Financial
 State License Receipt/Disbursement Bank/Investment
 Organizational Chart SP Contracts
Other: _____

B. Plan/Client Records

- | | | |
|---|--|--|
| <input type="checkbox"/> Administration Agreement | <input type="checkbox"/> Plan/Trust Doc | <input type="checkbox"/> Trustee/Corp. Minutes |
| <input type="checkbox"/> Billing/Invoices | <input type="checkbox"/> Form 5500 | <input type="checkbox"/> Financial statements |
| <input type="checkbox"/> Contributions/Premiums | <input type="checkbox"/> Benefits/Claims | <input type="checkbox"/> Bank/Invst Statements |
| <input type="checkbox"/> Participant Records | <input type="checkbox"/> Correspondence | <input type="checkbox"/> Insurance Contracts |
| <input type="checkbox"/> Pended Claims | | <input type="checkbox"/> Other Contracts
and/or Clients |

Other:

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

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Service Provider
Personnel | <input type="checkbox"/> Plan Administrator | <input type="checkbox"/> Accountant |
| | <input type="checkbox"/> Plan Sponsors | <input type="checkbox"/> Attorney |
| | <input type="checkbox"/> Plan Trustee | |

Other:

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