

Request for Assistance from The Department of Labor, EBSA

General Information

Printable Mail-In Form

\* Denotes required information.

OMB Control Number: 1210-xxxx Exp. Date: xx/xx/xxxx

Inquirer Information

Form fields for Inquirer Information: First Name, Last Name, Middle Initial, Street Address, City, State/Zip Code, Best phone number to reach you during business hours, Alternate phone number, Email Address.

\*Note: e-mail address is not required; however if not provided the Department will not be able to contact you by e-mail.

You are a:

Radio button options for 'You are a:' including Plan/Participant/Beneficiary, Plan Sponsor, Plan Service Provider, Health Care Provider, Government Agency, and Other (requires comments).

Please check all that apply below

The Plan you are contacting us about is a:

- Health Plan (such as medical, dental, vision, etc.)
Other Welfare Plan (such as long term/short term disability, severance, life insurance, etc.)
Retirement/Pension (such as 401(k) plan, defined benefit plan, profit sharing plan, etc.)

You are requesting assistance with:

- Locating or contacting your plan
COBRA Notice / COBRA benefits
Getting documents or statements from your plan
Getting benefit claims paid
Notice of potential private pension from the Social Security Administration
Eligibility for employer sponsored benefits
Plan operation (such as funds not being deposited in the plan, employer has not paid premiums, investments, etc.)
Employer has filed, or is about to file bankruptcy
Employer has undergone, or is about to undergo a merger / acquisition
Plan is not complying with legal requirements (such as ERISA, COBRA, HIPAA, the Affordable Care Act)
General information about ERISA requirements such as health laws or pension laws
Other - describe in other information and comments below

## Employer/Plan Contact Information

Type:	<input type="text"/>
Name:	<input type="text"/>
<b>Best Person to Contact</b>	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Address:	<input type="text"/>
Zip Code:	<input type="text"/> <input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> Ext: <input type="text"/> Telephone Type <input type="text"/>
Alternate Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> Ext: <input type="text"/> Telephone Type <input type="text"/>
Email:	<input type="text"/>
Website:	<input type="text"/>

## Other information and comments

Please provide more detailed information about why you are contacting the Department for assistance below. Include information on efforts you have made to contact the plan administrator or employer to resolve the problem. Include a comment on how you believe your issue should be resolved and explain why. *Please attach all relevant information to the request for assistance, such as: copies of claims, copies of insurance cards or benefits statements, copies of Notices of Potential Pensions received from Social Security, copies of any responses received from your inquiries to the plan administrator, copies of relevant portions of the plan documents or SPD (summary plan description).* If your issue is related to a claim for pension benefits, please include the dates of employment and the employee's date of birth. If your issue is related to health claims, please include details on the date(s) of service and the amount (s) of the claim(s). See below on how to attach documents.

4000 characters remaining

## Attachments

If you have attachments you would like to append to your inquiry select the appropriate button below. If you select yes, after submitting your inquiry you will then be directed to the attachment upload page.

- Yes, I have attachments I would like to upload.  
 No, I do not have any attachments.

**When you have completed the form click Submit**

EBSA 301 June 2011

[Privacy Information](#) [Paperwork Reduction Act Information](#)

**[SCREENS THAT FOLLOW ARE SEEN WHEN THE [Privacy Information](#) or [Paperwork Reduction Act Information](#) LINKS ARE CLICKED]**

# U.S. Department of Labor, Employee Benefits Security Administration

## Privacy Act Notice

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DOL is strongly committed to maintaining the privacy of your personal information. With respect to the collection, use and disclosure of personal information, DOL makes every effort to ensure compliance with applicable federal law, including, but not limited to, [The Privacy Act of 1974](#).

The Privacy Act of 1974 requires that when we ask you for information we tell you our legal right to ask for the information, why we are asking you for it, and how it will be used. We must also tell you what could happen if we do not receive it and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal authority to ask for the information is sections 1134 and 1143 of the Employee Retirement Income Security Act of 1974 (ERISA) P.L. 93-406. However, provision of this information is voluntary. We are asking for this information to assist EBSA in responding to your inquiry in an expedited manner. If you do not provide the information, EBSA will need to contact you by phone to obtain the information necessary to respond to your inquiry which will increase the time for a response. We do not sell the information that we collect. The personal information that you give us will be used only in connection with responding to your inquiry.

We use contractors to perform various website and database functions. When we do, we make sure that the agreement language with the contractor ensures the security, confidentiality and integrity of any personal information to which the contractor may have access in the course of contract performance.

We may disclose the information you give us if authorized or required by Federal law, such as the Privacy Act. We may also disclose this information to the relevant employee benefit plan administrator, third party administrator, insurance carrier, employee's employer (or former employer) or other party as necessary to facilitate a resolution to the circumstance presented by the individual seeking assistance from the agency. You may have access to any of the information we collect about you.

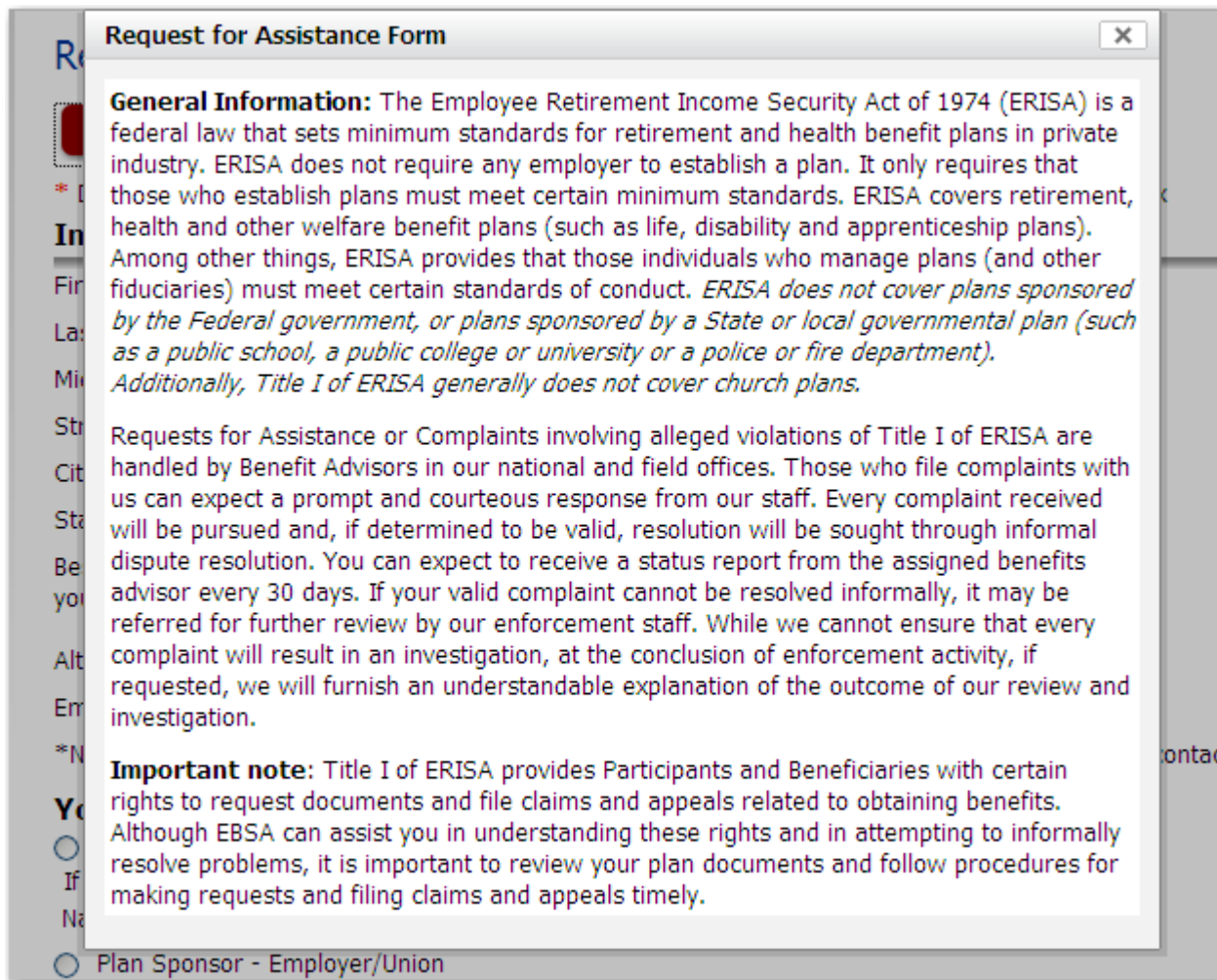
While providing this information through our online form is secure, electronic mail is not secure. Therefore, we suggest that you don't send personal information to us by email. We will only send general information to you by email.

## Paperwork Reduction Act Statement

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this voluntary collection of information is estimated to range from fifteen (15) minutes to one (1) hour, with an average of thirty (30) minutes per response, including time for reviewing general information about requesting assistance, gathering information, completing and reviewing the collection of information, and uploading attachments if applicable. Please send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room, N-1301, Washington, DC 20210 and reference OMB Control Number 1210-xxxx. This form is also an approved information collection request under Office of Management and Budget clearance number 1225-0059. Note: Please do not return the completed request for assistance to this address. OMB Control Number: 1210-xxxx. Expiration Date: xx/xx/xxxx. Form Number: EBSA 301, June 2011


## If General Information button is clicked:



## **If Printable Mail-in Form button is clicked:**

### Request for Assistance from The Department of Labor, EBSA

**Enter zip code to determine appropriate field office for your Mail-In form:**

Zip Code:  

[Privacy Information](#)   [Paperwork Reduction Act Information](#)

**The form comes up in a version that can be printed, and the field office address related to the inquirer's zip code is automatically shown on the form:**

#### **Please Mail To:**

Employee Benefits Security Administration  
Washington DC District Office  
1335 East-West Hwy, Ste 200  
Silver Spring, MD 20910

#### **General Information**

**General Information:** The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for retirement and health benefit plans in private industry. ERISA does not require any employer to establish a plan. It only requires that those who establish plans must meet certain minimum standards. ERISA covers retirement, health and other welfare benefit plans (such as life, disability and apprenticeship plans). Among other things, ERISA provides that those individuals who manage plans (and other fiduciaries) must meet certain standards of conduct. *ERISA does not cover plans sponsored by the Federal government, or plans sponsored by a State or local governmental plan (such as a public school, a public college or university or a police or fire department). Additionally, Title I of ERISA generally does not cover church plans.*

Requests for Assistance or Complaints involving alleged violations of Title I of ERISA are handled by Benefit Advisors in our national and field offices. Those who file complaints with us can expect a prompt and courteous response from our staff. Every complaint received will be pursued and, if determined to be valid, resolution will be sought through informal dispute resolution. You can expect to receive a status report from the assigned benefits advisor every 30 days. If your valid complaint cannot be resolved informally, it may be referred for further review by our enforcement staff. While we cannot ensure that every complaint will result in an investigation, at the conclusion of enforcement activity, if requested, we will furnish an understandable explanation of the outcome of our review and investigation.

**Important note:** Title I of ERISA provides Participants and Beneficiaries with certain rights to request documents and file claims and appeals related to obtaining benefits. Although EBSA can assist you in understanding these rights and in attempting to informally resolve problems, it is important to review your plan documents and follow procedures for making requests and filing claims and appeals timely.

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OMB Control Number: 1210-xxxx Exp. Date: xx/xx/xxxx

**Inquirer Information**

First Name:\*

Last Name:\*

Middle Initial:

Street Address:\*

City:\*

State/Zip Code:\*

Best phone number to reach you during business hours:\*    Ext:

Alternate phone number:    Ext:

Email Address:

\*Note: e-mail address is not required; however if not provided the Department will not be able to contact you by e-mail.

**You are a:**

- Plan/Participant/Beneficiary (such as Employee/Dependent)  
If you are not the employee, please provide name of the employee  
Name:
  - Plan Sponsor - Employer/Union
  - Plan Service Provider (such as Third Party Administrator, Accountant, Attorney, etc.)
  - Health Care Provider
  - Government Agency
  - Other (requires comments)
- Comments:

**Please check all that apply below**

**The Plan you are contacting us about is a:**

- Health Plan (such as medical, dental, vision, etc.)
- Other Welfare Plan (such as long term/short term disability, severance, life insurance, etc.)
- Retirement/Pension (such as 401(k) plan, defined benefit plan, profit sharing plan, etc.)

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- Plan is not complying with legal requirements (such as ERISA, COBRA, HIPAA, the Affordable Care Act)
- General information about ERISA requirements such as health laws or pension laws
- Other - describe in other information and comments below

## Employer/Plan Contact Information

Type:	Employer
Name:	The Engine Company
<b>Best Person to Contact</b>	
First Name:	Joe
Last Name:	Smith
Middle Initial:	
Address:	55 Broad Street
Zip Code:	22101
City:	McLean
State:	VA
Phone Number:	555 555 5000 Ext: Work
Alternate Phone Number:	Telephone Type
Email:	
Website:	

[Add Another Plan Contact](#)

## Other information and comments

Please provide more detailed information about why you are contacting the Department for assistance below. Include information on efforts you have made to contact the plan administrator or employer to resolve the problem. Include a comment on how you believe your issue should be resolved and explain why. *Please attach all relevant information to the request for assistance, such as: copies of claims, copies of insurance cards or benefits statements, copies of Notices of Potential Pensions received from Social Security, copies of any responses received from your inquiries to the plan administrator, copies of relevant portions of the plan documents or SPD (summary plan description).* If your issue is related to a claim for pension benefits, please include the dates of employment and the employee's date of birth. If your issue is related to health claims, please include details on the date(s) of service and the amount(s) of the claim(s). See below on how to attach documents.

I submitted claims but haven't heard anything.

3954 characters remaining

## Attachments

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- Yes, I have attachments I would like to upload.  
 No, I do not have any attachments.

**When you have completed the form click Submit**

[Submit](#)

## After Submit button is selected:

### Request for Assistance from The Department of Labor, EBSA

#### Confirmation # 201188-14546

Keep this number and use it when contacting EBSA regarding your request and when submitting any additional documents.

You can expect to be contacted by a Benefits Advisor from your local regional EBSA office by close of business on Friday, April 01, 2011.

Please print or save a copy of this confirmation. To print a copy of your request, please click on the following link: [Request for Assistance \(PDF Format\)](#).

After printing/saving your Request for Assistance please click the Exit button below and then close all browsers. This will help guard your privacy if using a public computer.

If you indicated you had documents you wished to attach, you will be directed to the attachment upload website.

[Exit Request for Assistance Site](#)

[Privacy Information](#)   [Paperwork Reduction Act Information](#)

## If selected documents to upload, after Exit:

### Request for Assistance Attachment Upload

\* Denotes required information.

OMB Control Number: 1210-xxxx Exp. Date: xx/xx/xxxx

#### Information for Attachment Upload Verification

Control Number:\*     

Provide either inquirer last name or phone number:

Last Name:  

Phone:        

[Proceed to Upload](#)



**For security reasons, user must re-enter telephone number to upload.**

## Request for Assistance Attachment Upload

\* Denotes required information.

OMB Control Number: 1210-xxxx Exp. Date: xx/xx/xxxx

### Information for Attachment Upload Verification

Control Number:\*

Provide either inquirer last name or phone number:

Last Name:

Phone:

## Upload screen:

## Request for Assistance

**Attachment Uploads - Click the Select Attachment button to start**

Valid file types are pdf, txt, rtf, csv, doc, xls, docx, xlsx, jpg, jpeg, tiff, bmp, and gif.

When finished submitting your attachments, click the Exit button below and then close all browsers. This will help guard your privacy if using a public computer

Having trouble with the Flash based uploader? Try our [No-Flash version](#).