

Dear Authorized Representative,

As the Authorized Representative for a Plan Sponsor that has received reimbursement under the Early Retiree Reinsurance Program (ERRP) for Application ID [PREPOPULATE APPLICATION ID HERE], the Centers for Medicare & Medicaid Services (CMS) requests that you complete a survey that is primarily related to determining how a Plan Sponsor has used or intends to use ERRP reimbursements. If necessary, another appropriate individual may complete the survey on your behalf.

You, or perhaps an individual who previously served as the Authorized Representative for this Plan Sponsor, were previously sent, and completed, a similar version of this survey. Due to the fact that the Plan Sponsor had indicated in its prior survey responses that it had not yet spent all its ERRP reimbursements, or because the Plan Sponsor has since received additional reimbursements, CMS is requesting that you complete a follow-up survey with updated responses. You may request a copy of your prior survey responses by forwarding this email to help@errp.gov and stating that you would like a copy of your prior survey responses.

If the responses provided to the prior survey remain up-to-date, or if the only updates that you have are to the number of plan participants or early retirees (Questions 3 and 4), do not complete the follow-up survey. Rather, in either of these instances, please forward this email to help@errp.gov, and indicate that you are not completing the follow-up survey because you have no updates to your data.

The ERRP statute at 42 U.S.C. §18002(c)(4) limits the permissible uses of ERRP proceeds, as follows:

(4) USE OF PAYMENTS - Amounts paid to a participating employment-based plan under this subsection shall be used to lower costs for the plan. Such payments may be used to reduce premium costs for an entity described in subsection (a)(2)(B)(i) or to reduce premium contributions, copayments, deductibles, coinsurance, or other out of pocket costs for plan participants. Such payments shall not be used as general revenues for an entity described in subsection (a)(2)(B)(i).

That subparagraph also states:

The Secretary shall develop a mechanism to monitor the appropriate use of such payments by such entities.

As part of the Secretary's efforts to monitor the appropriate use of such payments, the Secretary is asking ERRP Plan Sponsors that have received ERRP funds to respond to a survey that asks detailed questions about how they have used or intend to use ERRP funds, and the timing of when they have or will use such funds. This survey also asks questions about certain decisions the Sponsor has or will make with regard to coverage.

The purpose of this survey is to understand better how Plan Sponsors participating in the ERRP are utilizing program funds. CMS may release the results publicly, but will not attribute any response to a particular Sponsor. All results will be reported in aggregate. Sponsors should note, however, that the results of this survey are subject to the Freedom of Information Act.

We do not expect that all answers to the survey are or will prove to be 100% accurate. However, sponsors that respond to the survey should answer all questions as accurately and completely as possible. We ask that you please provide your response within 30 days.

A relatively few number of Plan Sponsors have received ERRP reimbursement for more than one plan (i.e. for more than one ERRP application). Authorized Representatives of such Plan Sponsors are asked to complete one follow-up survey for each such plan, if applicable (i.e. for each such ERRP application). Please provide only one follow-up survey per ERRP application.

Please access the follow-up survey at [LINK](#). If you have any questions about the survey, or need additional information, please contact the ERRP Center at help@errp.gov or toll-free at 1-877-574-3777. The ERRP Center is available Monday through Friday between 10:30AM - 7:00PM, ET. We encourage you to regularly monitor the ERRP website at <http://www.errp.gov> for updated program information.

CMS thanks you in advance for completing the survey. Please complete the survey as soon as possible.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1150**. The time required to complete this information collection is estimated to average 11 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Form Number: CMS-10408