

Request for Assistance from The Department of Labor, EBSA

Printable form for mail-in PDF Format

* Denotes required information.

OMB Control Number: 1210-0146 Exp. Date: 09/30/2014

Inquirer Information

Please Print

First Name:*

Last Name:*

Middle Initial:

Street Address:*

City:*

State/Zip:*

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: (select only one of these options)

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 below that apply

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,

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

Plan contact is a: (select only one of these options)

- Employer
- Insurance Company
- Plan Service Provider/Plan Administrator
- Union

Name:

Best Person to Contact

First Name:

Last Name:

Middle Initial:

Address:

Zip Code:

City:

State:

Phone Number: Ext:

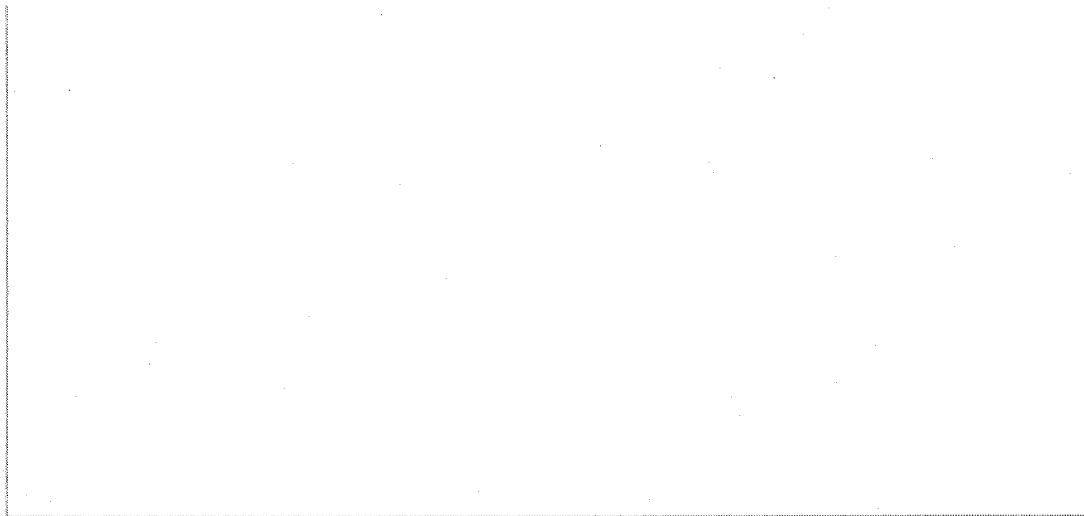
Alternate Phone Number: Ext:

Email:

Website:

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.

**Please Mail To**

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

General information regarding this form

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.