

## 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:*	10000000000000000000000000000000000000
Best phone number to reach you during business hours:*	Ext:
Alternate phone number:	Ext:
Email Address:	AND
*Note: e-mail address is not recontact you by e-mail.	quired; however if not provided the Department will not be able to
You are a: (select only on	e of these options)
O Participant/Beneficiary (suc	ch as Employee/Dependent)
If you are not the employee, ple	ease provide name of the employee
Name:	Name Andrews and Angel A
Plan Sponsor - Employer/U	Jnion
	h as Third Party Administrator, Accountant, Attorney, etc.)
Health Care Provider	
○ Government Agency	
Other (requires comments)	)
Comments:	
Please check all below th	at apply
The Plan you are contact	ing us about is a:
Health Plan (such as medi	
	as long term/short term disability, severance, life insurance, etc.)
•	as 401(k) plan, defined benefit plan, profit sharing plan, etc.)
You are requesting assist	
Locating or contacting you	
COBRA Notice / COBRA to	
Getting documents or state	
Getting benefit claims paid	
	pension from the Social Security Administration
Eligibility for employer spo	•
	nds not being deposited in the plan, employer has not paid premiums, investments,
Employer has filed, or is a	
Employer has undergone,	or is about to undergo a merger / acquisition

h legal requirements (such as ERISA, COBRA, HIPAA, the Affordable Care Act) at ERISA requirements such as health laws or pension laws information and comments below
Information t only one of these options)
and A description to the second secon
an Administrator
Security is a security of the
Formation and the state of the
Saa see commerciani, promis in incrementaria commercia anni in com
Ext:
Ext:
Section 2015 Assessment of the section of the secti
d information about why you are contacting the Department for formation on efforts you have made to contact the plan administrator or lem. Include a comment on how you believe your issue should be lease attach all relevant information to the request for assistance, such of insurance cards or benefits statements, copies of Notices of Potential all Security, copies of any responses received from your inquiries to the relevant portions of the plan documents or SPD (summary plan related to a claim for pension benefits, please include the dates of see's date of birth. If your issue is related to health claims, please include ice and the see below on how to attach documents.

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.