

Current Form

Request Assistance from a Benefits Advisor

To get a Benefits Advisor to call you, submit your name, address and phone number

[General Information](#)

[Printable Mail-In Form](#)

[Español](#)

* Denotes required information.

OMB Control Number: 1210-0146 Exp. Date: 04/30/2027

[1. Your Information](#)

[2. Your Request](#)

[3. Employer/Plan Contact Information](#)

[4. Additional Information](#)

Your Information

First Name:* <input type="text"/>	Middle Initial: <input type="text"/>	Last Name:* <input type="text"/>
Street Address: <input type="text"/>	City: <input type="text"/>	State/Zip:* <input type="text"/>
Phone Number (Business Hours):* <input type="text"/>	Ext: <input type="text"/>	Telephone Type: <input type="text"/>
Alternate phone number: <input type="text"/>	Ext: <input type="text"/>	Telephone Type: <input type="text"/>
Email Address:* <input type="text"/>		

Please provide more detailed information about why you are requesting assistance, such as:

4000 Characters Remaining

What is this request for?

- Opt-out from data being included in Lost & Found Health Plan (such as medical, dental, vision, etc.)
- Retirement/Pension Plan (such as 401(k), defined benefit, profit sharing, etc.)
- Other Benefit Plan (such as long term/short term disability, severance, life insurance, etc.)

[Submit](#)

[Provide additional information for the Benefits Advisor](#)

[Privacy Information](#) [Paperwork Reduction Act Information](#) EBSA 301 June 2011

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You are requesting assistance with:

Please check all below that apply

- 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

You are a:

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

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What happens after I submit a request for assistance?

After your request for assistance is received, you will be contacted by a Benefits Advisor by the close of the second business day. You may receive a response by email, or, if the Benefits Advisor does not have enough information to completely answer your question, he or she may need to speak to you by telephone to discuss your situation. If at all possible, please include both your email address and your day time telephone number so that we can respond to you promptly.

How will my information be used?

Your information is primarily used to respond back to you about your question or concern. We may also contact your employer, union, or plan service provider to help resolve your issue. If you do not want us to contact your employer, union, or plan service provider without speaking to you first, please indicate that in your message to us. Your information will also be logged in EBSA's tracking system so that there is a record of the question, concern, or complaint that you have brought to our attention.

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Employer/Plan Contact Information

Type:

Name:

Address:

City:

Zip Code:

State:

Phone Number: Ext Telephone Type

Alternate Phone Number: Ext Telephone Type

Email:

Website:

Contact Person

Contact First Name:

Contact Middle Initial:

Contact Last Name:

[Add Another Plan Contact](#)

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Attachments

If you have attachments you want to include with your inquiry select the appropriate button below. If you select yes, after submitting your inquiry you will receive a confirmation. Click the Exit button to be directed to the attachment upload page.

Examples of Relevant Attachments are:

- claims
- insurance cards or benefits statements
- notices of potential pensions from the Social Security Administration
- any responses received from your inquiries to the plan administrator
- relevant portions of the plan documents or summary plan description

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

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New Enhanced Form

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Your information

First Name:*

Last Name:*

Zip Code:*

State:*

Phone Number:*

Email Address:*

What do you need help with?*

Optional: Please share any other concerns or additional details about your request:

4000 Characters Remaining

Submit

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Your Information

First Name:*

Last Name:*

Zip Code:*

State:*

Phone Number:*

Email Address:*

What do you need help with?*

Optional: Please share any other concerns or additional details about your request:

I received a Social Security notice about potential retirement benefits and need more information

I have a question about COBRA continuation health coverage

I need help with my health plan

I need help with my retirement plan

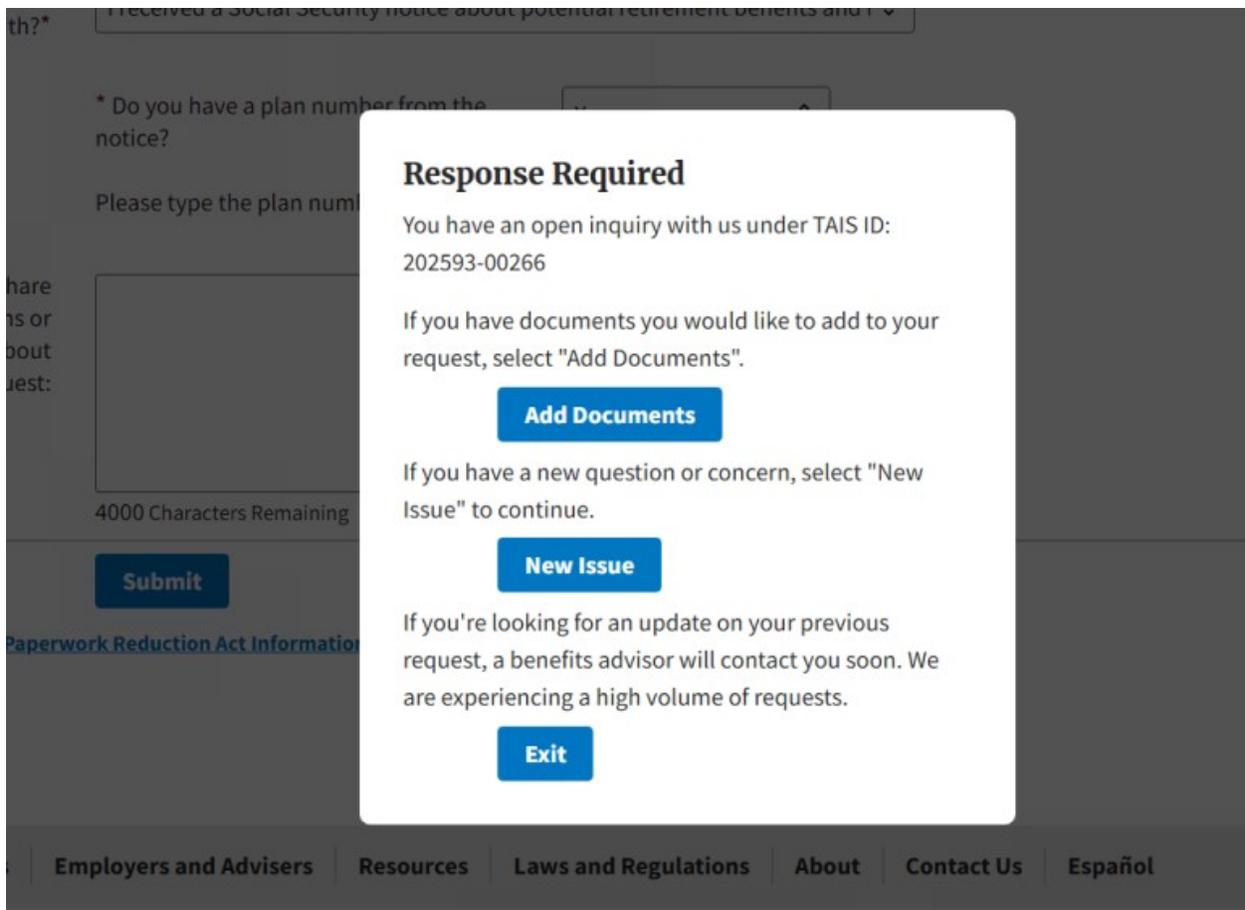
I want to opt out of the Lost & Found Retirement Savings database

I have a question about an employee benefit plan that's not mentioned above

Submit

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For all selected options (except the opt out) if submitter has an open inquiry – they will receive this screen.



If there is no open inquiry and they select any option but (the opt out, or the SSA notice), they will receive this confirmation screen.

Home > ASK A QUESTION > Confirmation #

Request Assistance from a Benefits Advisor

Thanks! Your request was successfully submitted.

Confirmation # 202593-00252

Keep this number and use it when contacting EBSA regarding your request and when submitting any additional documents. **Please print or save a copy of this confirmation using the following link:**

[DOLRequestConfirmation](#).

An EBSA benefits advisor will contact you within 3 business days. If you do not hear from us by then, call us at 1-866-444-3272.

If you have attachments, select the "Upload Attachments" button below.

If you're finished with your request, select the "Exit" button and then close your browser window.

[Upload Attachments](#)

[Exit Request for Assistance](#)

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Exit confirmation - after they selected Exit Request for Assistance.

Home > ASK A QUESTION > Exit

Request for Assistance - Exit

You have exited the Request for Assistance site.

Please close all browsers to safeguard your privacy.

If submitter selected the SSA notice, they would get these screens:

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Your Information

First Name:*

Last Name:*

Zip Code:*

State:*

Phone Number:*

Email Address:*

What do you need help with?*

* Do you have a plan number from the notice?

Please type the plan number:

Optional: Please share any other concerns or additional details about your request:

3996 Characters Remaining

Plan Information

Confirmation # 202589-00102

Contact the Plan Administrator below to find out more about your potential benefits.

2024 ROLLOVER
600 ALEXANDER PARK
PRINCETON, NJ 08540-6346
(603) 555-1212

We have sent a copy of this confirmation to your email. You can also print or save it using the following link:
[DOLRequestConfirmation](#)

We see you received a Social Security Administration (SSA) Potential Private Retirement Benefit Information notice. Below are answers to your frequent questions and some additional resources.

What should I do with this notice?

Why did I receive this notice?

Where else can I look for retirement benefits?

Is this notice a guarantee that I am entitled to benefits?

How is EBSA involved?

[Exit Request for Assistance](#)

Plan Information

Confirmation # 202593-00278

Our automated search did not locate plan administrator contact information. A benefits advisor will contact you within 3 business days.

We have sent a copy of this confirmation to your email. You can also print or save it using the following link: [DOLRequestConfirmation](#)

We see you received a Social Security Administration (SSA) Potential Private Retirement Benefit Information notice. Below are answers to your frequently asked questions and some additional resources.

What should I do with this notice?	+
Why did I receive this notice?	+
Where else can I look for retirement benefits?	+
Is this notice a guarantee that I am entitled to benefits?	+
How is EBSA involved?	+

[Exit Request for Assistance](#)

If opt out was selected – these screens will appear. Important note: This is how the form operates now for this selection.

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Lost & Found Database Opt-out Request

Confirmation # 202593-00276**Lost & Found opt out ID: OPT-D1D13CFB**

We have received your request to opt out. If we have any records that match the name and Social Security Number (SSN) you gave us, we will process your opt-out request within 24 hours. If we do not currently have any records of your name and SSN in our Lost & Found, we will automatically process your opt-out request once we receive benefit records that match the name and SSN you provided.

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Your information

First Name:*

test

Last Name:*

test

Zip Code:*

32423

State:*

FL

Phone Number:*

(234) 234-2342

Email Address:*

test

What do you need help with?*

I want to opt out of the Lost & Found Retirement Savings database

* For verification purposes, please provide the last 4 digits of your social security number:

* I am the individual to whom the information applies:

* I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both:

Optional: Please share any other concerns or additional details about your request:

4000 Characters Remaining

Submit