Employer Retirement Income Security Act of 1974 (ERISA)

A mailing was sent out last week to New York, New Jersey and Connecticut employers with Oxford coverage regarding the Employer Retirement Income Security Act of 1974 (ERISA). Enclosed in that mailing was a sample Summary Plan Description form, ERISA Statement Instructions for Completion of a Summary Plan Description and an ERISA Information Statement that was drafted for use in every employee’s Certificate of Coverage. These materials, which are included here for your information (click on the links below), were provided to employers to assist them with disclosing employee information required by the Department of Labor regarding an insured welfare benefit plan.

The materials were not designed to establish your client’s full compliance with all ERISA laws and regulations; they were provided as a courtesy. We do not mandate that these materials be used to fulfill the Department of Labor’s requirements. Oxford makes no assertions as to the accuracy of these documents or as to their compliance with any future regulations implemented by the Department of Labor.

If you have any questions regarding this mailing, please contact your sales representative.

Link to Employer Letter
Link to Oxford ERISA Statement Instructions for Completion of a SPD & sample SPD form
Link to Oxford ERISA Information Statement


Please do not reply to this email. To unsubscribe from future e-mail communications, send an e-mail with your full name and the name of your company to brokeremail@unitedhealthcarenortheast.com. Include the phrase “Unsubscribe E-mail” in the subject line.
Dear <<BA first name>> <<BA last name>>,  

We have enclosed the sample Summary Plan Description form and ERISA Statement Instructions for Completion of Summary Plan Description. The enclosed ERISA Information document was drafted to include with every employee’s Certificate of Coverage. These materials are to assist you in disclosing to your employees information required by the Department of Labor regarding an insured welfare benefit plan.

Please be aware that these materials are not designed to establish your group’s full compliance with all ERISA laws and regulations. We do not mandate that these materials be used to fulfill the Department of Labor’s requirements. They are merely provided as a courtesy. Oxford makes no assertions as to the accuracy of these documents or as to their compliance with any future regulations implemented by the Department of Labor.

If you have any questions about your responsibilities under ERISA, please consult your legal counsel. We are providing these documents to you as a courtesy and, as we are unable to offer you specific legal advice.

Sincerely,

Oxford

Enclosures
ERISA Statement
Instructions for Completion of Summary Plan Description

NAME OF PLAN:
Provide the name of the employee welfare benefit plan.

PARTICIPANTS INCLUDED:
Describe the employees eligible to participate in the plan. For example: “This SPD is for all full-time employees.”

TYPE OF PLAN:
Oxford is a welfare benefit plan. State “Welfare benefit plan” and general types of benefits provided (e.g., group health, life, dental plan).

PLAN SPONSOR:
Provide the name, business address, and telephone number of the Plan Sponsor, which is usually the Employer. If your plan (i) is a collectively bargained plan established or maintained by one or more employer and one or more employee organizations, or (ii) is established or maintained by two or more employers, you should consult with your legal counsel to determine if you need to include any additional information.

PLAN ADMINISTRATOR:
This is usually the Employer in the case of a single employer plan. If the Plan Administrator is the employer, include the following statement: “The Plan Administrator is the same as the Plan Sponsor, and may be reached at the contact information above.” If the Plan Administrator is not the Employer, provide the name, address, and telephone number of the Plan Administrator.

AGENT FOR SERVICE OF LEGAL PROCESS:
Indicate the name, address, and telephone number of the agent for service of legal process. If a trust exists, include the name, title, and address of the principal place of business of each plan trustee.

COLLECTIVE BARGAINING AGREEMENT AND UNION INFORMATION:
If your plan is maintained pursuant to a collective bargaining agreement, you will need to include certain information. Begin by including the statement in brackets regarding participants’ ability to obtain a copy of the collective bargaining agreement. If your plan is not maintained pursuant to a collective bargaining agreement, delete this section.

PLAN YEAR:
Provide the dates for the plan year. This usually coincides with the policy year(s) of the group policy(ies).

EMPLOYER IDENTIFICATION NUMBER (EIN):
Provide the Employer Identification Number assigned by the IRS.

PLAN NUMBER:
Indicate the Plan Number. Generally, if you have only one plan, 501 is the Plan Number. If you have more than one plan, the Plan Numbers usually begin with 501 and run consecutively.

FUNDING:
Check the appropriate box and identify any insurance company, trust fund, or other institution or entity that maintains funds on behalf of the plan.

ENTITIES MAINTAINING FUNDS ON BEHALF OF THE PLAN:
Identify any insurance company, trust fund, or other institution or entity that maintains funds on behalf of the plan.
HEALTH INSURANCE CARRIER:
Indicate the name(s) and address(es) of the insurance carrier(s) that provide(s) service to your plan, and
describe whether and to what extent plan benefits are guaranteed under the contract(s) or policy(ies), and
the nature of any administrative services provided by the insurance carrier(s).

TYPE OF ADMINISTRATION:
If the plan is not administered directly by the Plan Administrator, and/or if you are participating in a group
policy issued to an association or trust, make the appropriate changes. Also, if your plan involves more
than one insurance company (e.g., Oxford), the document should be revised accordingly.

NON-ENGLISH LANGUAGE NOTICE:
If the plan covers a significant portion of employees that do not speak English, you should consult with
your legal counsel to determine if you must provide an SPD in the non-English language. If this
requirement applies to you, you should include the Non-English Language Notice.

We suggest you instruct your employees to attach the completed form and the ERISA Information
documents to their group insurance certificates to create a complete summary plan description (SPD). The ERISA section of the group insurance certificate includes the additional information required in an
SPD.
Summary Plan Description

NAME OF PLAN: ______________________________ (the “Plan”)

PARTICIPANTS INCLUDED: __________________________

TYPE OF PLAN: ______________________________

NAME, BUSINESS ADDRESS AND PHONE NUMBER OF PLAN SPONSOR:

______________________________
______________________________
______________________________

NAME, BUSINESS ADDRESS AND PHONE NUMBER OF PLAN ADMINISTRATOR:

______________________________
______________________________
______________________________

AGENT FOR SERVICE OF LEGAL PROCESS ADDRESS

______________________________
______________________________
______________________________

[INCLUDE AS NECESSARY] NAME, TITLE AND ADDRESS OF PRINCIPLE PLACE OF BUSINESS OF PLAN TRUSTEES

______________________________
______________________________
______________________________

Service of legal process may be made upon a Plan Trustee (if any) or the Plan Administrator.

[INCLUDE AS NECESSARY] COLLECTIVE BARGAINING AGREEMENT AND UNION INFORMATION

This plan is maintained pursuant to one or more collective bargaining agreements. A copy of the agreement(s) may be obtained by participants and beneficiaries upon written request to the Plan Administrator, and is also available for examination by participants and beneficiaries in the Plan Administrator’s principal office.

PLAN YEAR: The plan year begins on _________________ and ends on ____________

EMPLOYER IDENTIFICATION NUMBER (EIN): ______________________________

PLAN NUMBER (PN): ______________________________

FUNDING: The Plan is funded by the payment of a premium under the group insurance policy(ies). The premium is paid partly from funds contributed by the employer and partly from funds contributed by the Employees at a rate determined by the Employer.

ENTITIES MAINTAINING FUNDS ON BEHALF OF THE PLAN: [Oxford]

NAME AND BUSINESS ADDRESS OF HEALTH INSURER: [Oxford]
[Insert description of whether and to what extent plan benefits are guaranteed under the insurance contract or policy, and the nature of any administrative services provided.]

**TYPE OF ADMINISTRATION:** The Plan is administered directly by the Plan Administrator. Benefits are provided in accordance with the provision of the group insurance policy(ies) issued to the Employer (or, if applicable, the Association or Trust in which the Employer participates) by [Insurance Carrier(s) shown above].

**NON-ENGLISH LANGUAGE NOTICE:** This booklet contains a summary in English of your plan rights and benefits under the Plan. If you have difficulty understanding any part of this booklet, contact the Plan Administrator at the contact information above. Office hours are from [insert time] to [insert time] [insert days of the week].

**IMPORTANT NOTICE:**
This information, in addition to your group insurance certificate, constitutes your Summary Plan Description (SPD). Your SPD describes the benefits available to you under the Plan, as well as any rules regarding eligibility, limitations, exclusions, benefit claims, and benefit appeals. If anything in this SPD conflicts with the underlying Plan Instrument or the group insurance certificate, the terms and conditions contained in the Plan Instrument and the group insurance policy will govern.
ERISA Information

Government, church groups and certain association groups are not subject to ERISA and therefore this section may not apply. Please contact your employer for verification of whether this section applies to you.

General Information

Under the Employer Retirement Income Security Act of 1974 (ERISA), the Summary Plan Description (SPD) is the primary vehicle for informing participants about their rights and benefits under the employee benefit plans in which they participate. The Certificate of Coverage is not your SPD. Oxford, as the insurer, provides a Certificate of Coverage to you identifying specific benefit and administrative components of your Plan.

The Plan Administrator (generally the Plan Sponsor) is responsible for the publication and distribution of the SPD. Oxford is not the Plan Administrator nor the Plan Sponsor. Generally, the Plan Administrator and the Plan Sponsor is your employer.

Discretionary Authority of Plan Administrator and Other Plan Fiduciaries

In carrying out their respective responsibilities under the Plan, the Plan Administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

Statement of ERISA Rights

The following statement of ERISA rights is required by Federal law and regulations.

If your group is subject to ERISA, you are entitled to certain rights and protections. Under ERISA you are entitled to:

Receive Information About Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan’s annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

- Continue health care coverage for yourself, your spouse or your dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review your Summary Plan Description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

- A reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of
creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose
coverage under the Plan, when you become entitled to elect COBRA continuation coverage, when your
COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24
months after losing coverage. Without evidence of creditable coverage, you may be subject to a Preexisting
Condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your
coverage.

Prudent Actions by Plan Fiduciaries

• In addition to creating rights of the Plan participants, ERISA imposes duties upon the people who are
responsible for the operation of the employee benefit plan. The people who operate your Plan, called
“fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan
participants and beneficiaries. No one, including your employer, your union or any other person, may fire
you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or
exercising your rights under ERISA.

Enforce Your Rights

• If your claim for a welfare benefit under the Plan is denied or ignored, in whole or in part, you have a right to
know why this was done, to obtain copies of documents relating to the decision without charge, and to
appeal any denial, all within certain time schedules.

• Under ERISA, there are steps you can take to enforce your rights. For instance, if you request a copy of
Plan documents or the latest annual report from the Plan Administrator and do not receive them within 30
days, you may file suit in Federal court. In such a case, the court may require the Plan Administrator to
provide the materials and pay up to $110 a day until you receive them, unless the materials were not sent
because of reasons beyond the control of the Administrator.

• If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or
Federal court. In addition, if you disagree with the Plan’s decision or lack thereof concerning the qualified
status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it
should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for
asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a
Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the
court may order the person you have sued to pay the costs and fees. If you lose, the court may order you to
pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

• If you have any questions about your Plan, you should contact the Plan Administrator. If you have any
questions about this statement or about your rights under ERISA, or if you need assistance in obtaining
documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits
Security Administration, U.S. Department of Labor, listed in your telephone directory or:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

• You may also obtain certain publications about your rights and responsibilities under ERISA by calling the
publications hotline of the Employee Benefits Security Administration.