

Employee Benefits Series

DOL HEALTH PLAN AUDIT

Document Request Checklist



DOL Health Plan Audit: Document Request Checklist

The following checklist provides a summary of documents that may be requested from employers who sponsor group health plans in the event of a U.S. Department of Labor (DOL) audit. This checklist is for general reference purposes only and DOL auditors may request various documents that do not appear on this list, depending on the plan and other issues that may arise during the audit. If you have questions regarding your responsibilities, please contact a knowledgeable attorney or benefits professional.

Plan Documents

Document	Complied	N/A
Summary Plan Description (SPD), including any changes in plan benefits and entitlement to benefits		
All Summaries of Material Modifications for requested plan years		
Plan Document, including all amendments for relevant plan years		
All insurance plan contracts (fully-insured plans)		
Any trust documents relating to plan assets		
All contracts for claims processing, administrative services, and reinsurance (self-insured plans)		
Documents which describe the responsibilities of both the employer and employees with respect to the payment of the costs associated with the purchase and maintenance of health and welfare benefits		
Form 5500 filings		
Summary Annual Reports for requested plan years		

Administrative Records

Document	Complied	N/A
Insurance billing invoices, premium schedules, employer and employee contribution schedules and payroll records of withholdings for benefits		
Documents evidencing payroll deductions for employee premiums to the plan		
Documents evidencing current outstanding medical claims		
List of COBRA participants, including COBRA start date and amount of COBRA payment		
Copy of any rebate paid pursuant to the medical loss ratio (MLR) requirements under Health Care Reform and documentation of what was done with the rebate		

Note: Some of the information on the following pages may appear in the plan's SPD, while certain notices must be provided separately due to the timeframes for when they are required to be provided. In addition, certain information appearing on this list may no longer be applicable for a particular plan year, but may still be requested as part of a DOL audit covering previous years.

DOL Health Plan Audit: Document Request Checklist

Health Care Reform Related Documents

Document (All Plans)	Complied	N/A
Summary of Benefits and Coverage (SBC), Notices of Material Modifications, and Uniform Glossary		
Copy of the Health Insurance Exchange Notice (Notice of Coverage Options)		
Sample of the notice describing enrollment opportunities relating to dependent coverage of children to age 26 (for a plan that provides dependent coverage)		
A list of any participants and beneficiaries whose coverage has been rescinded, the reasons for rescission, and a copy of the Notice of Rescission that was provided 30 days in advance of any rescission of coverage		
Documents showing the lifetime limits applicable for each plan year on or after September 23, 2010 (if the plan imposes, or has imposed, a lifetime limit at any point since that date)		
Sample of any notice sent to participants or beneficiaries stating that the lifetime limit on the dollar value of all benefits no longer applies and that the individual, if covered, is once again eligible for benefits under the plan		
Documents showing the annual limits applicable for each plan year on or after September 23, 2010 (if the plan imposes, or has imposed, an annual limit at any point since that date)		
Document (Non-Grandfathered Plans)	Complied	N/A
Copies of documents relating to the provision of preventive services for each plan year on or after September 23, 2010		
Copies of documents relating to coverage of emergency services for each plan year on or after September 23, 2010 (if the plan provides any benefits with respect to emergency services in an emergency department of a hospital)		
Copy of the Notice of Patient Protections informing participants of the right to designate any participating primary care provider or pediatrician and obtain OB/GYN care without prior authorization for plans that provide OB/GYN coverage (if the plan requires or allows for the designation of a primary care provider)		
Copy of the plan's internal claim and appeals and external review processes		
Copies of a Notice of Adverse Benefit Determination, Notice of Final Internal Adverse Determination, and Notice of Final External Review Decision		
Any contract or agreement with any independent review organization or third party administrator providing external review		
Document (Grandfathered Plans)	Complied	N/A
Copy of the Disclosure of Grandfathered Health Plan Status, required to be included in plan materials provided to participants and beneficiaries describing the benefits provided under the plan		
Records documenting the terms of the plan in effect on March 23, 2010, and any other documents necessary to verify, explain or clarify grandfathered health plan status (this may include documentation relating to the terms of cost-sharing, the contribution rate of the employer or employee organization towards the cost of any tier of coverage, annual and lifetime limits on benefits, and any contract with a health insurance issuer, which were in effect on March 23, 2010)		

DOL Health Plan Audit: Document Request Checklist

HIPAA Related Documents

Document	Complied	N/A
Copy of the plan's rules for eligibility to enroll under the terms of the plan, including continued eligibility		
Copy of a blank enrollment application for the plan		
Sample Certificate of Creditable Coverage, a copy of the record or log of all certificates for individuals who lost coverage under the plan or requested certificates, a copy of the written procedure for individuals to request and receive certificates, or proof that the plan does not require certificates		
Sample General Notice of Preexisting Condition Exclusion informing individuals of the exclusion period and its terms, and of the right of individuals to demonstrate creditable coverage (and any applicable waiting or affiliation periods) to reduce the preexisting condition exclusion period, or proof that the plan does not impose a preexisting condition exclusion		
Copies of Individual Notices of Preexisting Condition Exclusion issued to certain individuals as required under the law (including any lists or logs of issued notices), or proof that the plan does not impose a preexisting condition exclusion		
Copy of the necessary criteria for an individual without a Certificate of Creditable Coverage to demonstrate creditable coverage by alternative means, or proof that the plan does not require certificates		
Records of claims denied due to the imposition of a preexisting condition exclusion (as well as the plan's determination and reconsideration of creditable coverage, if applicable), or proof that the plan does not impose a preexisting condition exclusion		
Copy of the written procedures that provide special enrollment rights to individuals who lose other coverage and to individuals who acquire a new dependent, if they request enrollment within 30 days of the loss of coverage, marriage, birth, adoption, or placement for adoption (including any lists or logs of issued notices)		
Copy of the written appeal procedures established by the plan		
Materials describing any wellness programs or disease management programs offered by the plan and, if the program offers a reward based on an individual's ability to meet a standard related to a health factor, the plan's wellness program disclosure statement regarding the availability of a reasonable alternative		
Copy of the plan's HIPAA Notice of Privacy Practices (including any lists or logs of issued notices)		

DOL Health Plan Audit: Document Request Checklist

Other Health Insurance Law Related Documents

Document	Complied	N/A
The plan's Newborns' Act Notice (this should appear in the SPD), including any lists or logs of issued notices		
Copy of the plan's rules regarding pre-authorization for a hospital length of stay in connection with childbirth		
Sample of the written description of benefits mandated by the Women's Health and Cancer Rights Act, required to be provided to participants and beneficiaries upon enrollment and annually thereafter		
Sample COBRA notices provided to participants and beneficiaries, including the General Notice of COBRA Rights, COBRA Election Notice, Notice of Unavailability of COBRA Coverage, and Notice of Early Termination of COBRA Coverage (including any lists or logs of issued notices)		
Copy of the plan's rules regarding coverage of medical/surgical and mental health benefits, including information as to any aggregate lifetime dollar limits and annual dollar limits		

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Note: The information and materials herein are provided for general information purposes only and are not intended to constitute legal or other advice or opinions on any specific matters and are not intended to replace the advice of a qualified attorney, plan provider or other professional advisor. This information has been taken from sources which we believe to be reliable, but there is no guarantee as to its accuracy. In accordance with IRS Circular 230, this communication is not intended or written to be used, and cannot be used as or considered a 'covered opinion' or other written tax advice and should not be relied upon for any purpose other than its intended purpose.