



## DOL Health Plan Audits: Checklist of Requested Documents

The Department of Labor (DOL) has broad authority to investigate or audit an employee benefit plan's compliance with the Employee Retirement Income Security Act (ERISA). Audits are performed by the DOL's Employee Benefits Security Administration (EBSA).

A DOL audit will generally include a request for a list of plan-related documents. Employers that receive audit letters may be surprised and overwhelmed by the number of documents requested by the DOL auditor. It is important for employers to maintain employee benefit documents in an organized fashion so they can respond to a DOL audit request in the event this occurs.

This Compliance Overview includes a checklist of documents that are commonly requested in a DOL audit.

### LINKS AND RESOURCES

- EBSA [webpage](#) on ERISA enforcement
- EBSA [resources](#) for employers on health plan compliance

### Checklist of Requested Documents

This checklist includes documents that are commonly requested by the DOL during an audit of an employer's health plan. In addition to maintaining these documents in an easily accessible location, employers should keep records showing that participant notices and other required disclosures are provided in a timely fashion.

As health plan sponsors, employers should ideally confirm that they maintain these documents and records, and should not create them in response to a DOL audit letter. Also, keep in mind that, during an audit, the DOL may request fewer documents or an employer may be subject to a more expansive document request, depending on the scope of the audit.

Plan Documents	
Document	Maintained by Employer
Plan document (or insurance booklet/certificate for an insured plan)	( )
Summary plan description (SPD), including updates or summaries of material modifications (SMMs)	( )
Forms 5500 and attachments, including supporting documentation (if applicable)	( )
Summary annual reports (if required for plan)	( )
List of all plan service providers and related contracts	( )
All contracts with insurance companies	( )
Open enrollment materials, including documents describing cost responsibilities for the employer and employees	( )
Any trust documents relating to plan assets	( )

Administrative Documents	
Document	Maintained by Employer
Insurance billing invoices, premium schedules, employer and employee contribution schedules, and payroll records of withholdings for benefits	( )

## Administrative Documents

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 and documentation of what was done with the rebate	( )

## Health Plan Compliance Documents

Document	Maintained by Employer
Newborns' and Mothers' Health Protection Act notice (may be included in the SPD)	( )
Women's Health & Cancer Rights Act notices	( )
Annual Children's Health Insurance Program (CHIP) notice	( )
Materials describing any wellness programs or disease management programs offered by the plan, including rewards based on a health factor	( )
Documents showing compliance with HIPAA's portability rules, including special enrollment rights	( )
Documents showing compliance with COBRA, including the General Notice, Election Notice, Notice of COBRA Unavailability, Notice of Early Termination and Notice of Insufficient Payment	( )
If the plan has grandfathered status under the ACA, documents that verify the plan's status (such as records documenting the terms of the plan in effect on March 23, 2010, and/or documentation relating to the terms of cost sharing and the contribution rate of the employer or employee organization toward the cost of any tier of coverage) and the Notice of Grandfathered Plan Status	( )
If the plan has rescinded coverage, a list of those participants and dependents whose coverage has been rescinded, the reasons for the rescission and the Notice of Rescission	( )
Plan provisions regarding lifetime and annual limits and the notice describing enrollment opportunities for individuals who previously lost coverage due to a lifetime limit	( )
Summary of Benefits and Coverage and any 60-day advance notice of a midyear material change to the plan	( )
Health Insurance Exchange Notice (Notice of Coverage Options)	( )
Notice of Patient Protections and selection of providers	( )
For non-grandfathered plans, information on the plan's claims and appeals procedures, including copies of notice documents and any contracts or agreements with any independent review organization or third-party administrator providing external review	( )
A notice describing enrollment opportunities for children up to age 26 for plans with dependent coverage	( )

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