



2019 Benefits Summary

RTI

Introduction to your benefits



We are dedicated to providing you with unique benefits that meet the needs of you and your family. We understand the importance of a well-rounded benefits program, and because of that, we offer a range of plans that help protect you in the case of illness or injury. You can learn about the details of these plan options by reading through this Benefit Information Guide.

Starting with the basics of how to enroll, followed by the details of each plan, this guide is a go-to resource for all things benefits related. Once you better understand the various options we offer, you can make an informed decision on which plans work best for you and your family.

We encourage you to read through this booklet in its entirety. Included you will find details about:

- Who is eligible to participate
- Each benefit offered and a summary of what is covered under the plan
- The Insurance Companies who administer our benefits and how to contact them if you need assistance
- And much more!

We appreciate the hard work and dedication you bring to our company. For this and many other reasons, we want to offer you competitive and cost effective benefits. It's one way we can say thank you for your contributions.

If you have any questions about the employee benefits described herein or would like more information, please refer to your plan documents and insurance booklets located on the Red Pages.

Sincerely,

Headway Workforce Solutions

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Insurance Contacts



Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources.

MEDICAL

Blue Cross Blue Shield
Network:
877-258-3334
www.bluecrossnc.com

DENTAL

Blue Cross Blue Shield
Network: Dental Blue
1-888-206-4697
www.bluecrossnc.com

VISION

Blue Cross Blue Shield
Network: Blue 20/20
1-855-400-3641
www.eyemedvisioncare.com/bcbsnc

WORKSITE PRODUCTS

Colonial Life
800-325-4368
www.coloniallife.com

VOLUNTARY LIFE

The Hartford
1-877-472-8967
www.thehartford.com

MEC Medical Plan

Allied
1-312-906-8080
www.alliedbenefit.com



Your dedicated benefits advocates:
Marsh & McLennan Agency
Employee Benefits Services
855-313-1075
ebsservices@marshmma.com

Employee Benefits Service Team

Marsh & McLennan Agency is pleased to offer a streamlined Employee Benefits Service team to assist you with your group health and benefit coverage needs. Unlike a call center, our team of experienced client support specialists, who bring over 40 years of combined experience, is prepared to answer your questions regarding:

- Benefits
- Claims Concerns/Issues
- How to Obtain ID Cards
- General Group Benefit Plan Inquiries

A member of our team is available to serve you through our toll-free telephone number and easy access email Monday through Friday from 8 a.m – 5:00 p.m EST.

THE MMA PROMISE

Marsh & McLennan Agency (MMA) is a wholly owned subsidiary of Marsh, the world's largest insurance broker. Our affiliation with the Marsh family of companies allows us to deliver more services to our clients including market research, industry benchmarking, reliable technology, exclusive products, as well as unparalleled leverage with insurance carriers and industry partners.

MMA was created by bringing together award-winning, local legacy insurance brands to serve the needs of mid-sized companies by offering services that manage domestic and international risk, provide value-driven employee benefit solutions and protect key employee and stakeholders.

MMA has all of the qualities that you'd expect from your local broker, and the added advantage of having the worldwide resources of Marsh at our core. Simply stated, we are stronger and better together.

Connect with Our Experienced Benefit Specialists Today!

Contact Information:

Toll Free: 855-313-1075

EBServices@marshmma.com

Your Costs in 2019

Medical

[Blue Cross Blue Shield](#)

EMPLOYEE BI-WEEKLY DEDUCTIONS			
	Employee Only*	Employee + 1	Employee / Family
Allied Plan	\$94.27	Spouse-\$157.44 Children-\$163.81	\$213.39
HSA Plan	\$172.42	\$354.80	\$536.53
Buy-Up HSA Plan	\$257.53	\$461.25	\$719.00
PPO Plan	\$342.78	\$685.28	\$1,026.62

*Due to the ACA guidelines, employee only premium = 9.86% of salary up to the full cost of the premium

Dental

[Blue Cross Blue Shield](#)

EMPLOYEE BI-WEEKLY DEDUCTIONS		
Employee Only	Employee + 1	Employee / Family
\$17.13	\$35.80	\$61.99

Vision

[Blue Cross Blue Shield](#)

EMPLOYEE BI-WEEKLY DEDUCTIONS			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$3.62	\$6.89	\$7.25	\$10.65

Benefits Eligibility

If you are a full-time employee working 30 or more hours per week, you are eligible to enroll in the benefits described in this guide on the first of the month following 30 days of service.

Pre-Tax Advantage: Section 125 Plan

Your share of medical, dental, and/or vision payroll deductions are taken on a pre-tax basis through an IRS Section 125 Plan. This saves you approximately 30% in taxes. However, due to Section 125 Plan rules, you may only make changes in your payroll deductions at the annual Open Enrollment or at the time of a Qualifying Event such as marriage, divorce, birth of a child, loss of insurance, or court order. Any Qualifying Event must be reported to Human Resources within 30 days of the event. If there has not been a Qualifying Event, you may not make any changes to your payroll deductions until Open Enrollment for 2020. These are Internal Revenue Service rules and there can be no exceptions. Contact Human Resources for more information.

Medical and Prescription Drugs BCBSNC / Allied

	BCBSNC In-Network Benefits			
Services	Allied Plan	HSA Plan	Buy-Up HSA Plan	PPO Plan
Deductible - Individual - Family	N/A \$0 \$0	Embedded \$5,000 \$10,000	Non-Embedded \$2,500 \$5,000	Embedded \$2,500 \$5,000
Out-of-Pocket Max - Individual - Family Member - Family	\$0 \$0 \$0	\$6,550 \$6,550 \$13,100	\$5,000 \$6,550 \$10,000	\$7,150 \$7,150 \$14,300
Preventive Care	4 visits / year maximum	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	4 visits / year maximum	20% after Deductible	20% after Deductible	\$35 Copay
Specialist Visit		20% after Deductible	20% after Deductible	\$70 Copay
Hospitalization, MRI, CAT, PET	Not Covered	20% after Deductible	20% after Deductible	20% after Deductible
Emergency Room Urgent Care	3 visits / year maximum	20% after Deductible	20% after Deductible	\$500 Copay \$75 Copay
Out-of-Network Deductible Out-of-Pocket Maximum		\$10,000 / \$20,000 \$13,100 / \$26,200	\$5,000 / \$10,000 \$10,000 / \$20,000	\$5,000 / \$10,000 \$14,300 / \$26,600
Prescription Drugs <i>Retail up to 31-day supply</i> - Tier 1 - Tier 2 - Tier 3 <i>Mail Order up to 90-day supply</i> - Tier 1 - Tier 2 - Tier 3	\$5 copay \$40 copay Not covered	20% after Deductible	20% after Deductible	\$10 Copay \$25 Copay \$40 Copay \$30 Copay \$75 Copay \$120 Copay

Health Savings Accounts (HSA)

Employees participating in the HSA Plan are eligible to defer pre-tax dollars into a Health Savings Account (HSA) in order to pay for eligible medical, dental, and vision expenses. In 2019, you may contribute up to \$3,500 if electing individual coverage or up to \$7,000 if electing family coverage. If you are age 55 or older, you are eligible to make a catch-up contribution of up to \$1,000. Your HSA balance accumulates tax-free and carries over from year to year.

Your health savings contribution amounts must be updated annually. Please complete the Health Savings Payroll Deduction Forms for 2019 attached to the open enrollment materials in the Employee Navigator. In order to contribute you must have an IRS approved health savings account with the Blue Cross Blue Shield Health Equity Account. If you complete the form and do not open a bank account your contribution will be refunded

Dental

Blue Cross Blue Shield

This plan allows you to seek treatment from the dentist of your choice. If you choose a dentist that participates with Blue Cross Blue Shield you may see lower costs.

Benefits	In Network
Preventive Services	Exams, cleanings, bitewing x-rays, fluoride, sealants, space maintainers – covered at 100%
Deductible	Applies to basic and major services only – \$50 Individual / \$150 Family
Basic Services	Fillings, simple extractions, endodontics, periodontics – covered at 80% after Deductible
Major Services	Dentures, crowns, inlays, onlays – covered at 50% after Deductible
Orthodontia	Children through age 18 only Covered at 50% \$1,000 lifetime maximum
Annual Maximum	\$1,500 annual maximum per covered member

Vision

Blue Cross Blue Shield

The chart below provides information related to the Vision Plan available.

Benefits	In Network
Exam	\$10 copay
Standard Frames	\$25 copay / \$130 allowance + 20% off remaining balance over \$120
Standard Lenses	\$25 copay
Contact Lenses (Conventional)	\$25 copay / \$130 allowance + 15% off remaining balance over \$130
Frequency of Services	
Exams	12 months
Frames	24 months
Lenses OR Contacts	12 months

Voluntary Life Insurance

The Hartford

Employees may elect to purchase additional life insurance on themselves or their dependents through the convenience of payroll deduction. If you elect when first eligible, you may elect coverage up to the Guaranteed Issue amount without having to answer any medical questions. Employee and spouse benefits begin to reduce at employee age 65.

Guaranteed Issue	Employee: \$100,000 Spouse: \$25,000 Child: \$10,000
Employee Coverage	You may elect coverage in \$10,000 increments up to \$150,000.
Spouse Coverage	You may elect coverage for your spouse in \$5,000 increments up to a maximum of \$75,000 or 50% of the employee amount.
Child Coverage	You may elect coverage for your dependent child(ren) age 14 days to 23 years (25 years if full time student) in \$1,000 increments up to \$10,000.

Individual Worksite Products

Colonial

Headway Workforce Solutions offers you the opportunity to purchase voluntary workplace benefits through the convenience of payroll deduction. You can apply and pay for the protection you feel you need for yourself and your family members. The plans are portable, and rates do not change from year to year or as you get older. Your options include **Voluntary Group Accident, Voluntary Hospital Indemnity, Voluntary Short Term Disability, and Voluntary Critical Illness**. Additional information about these plans can be found on the Red Pages. Under the Section Titled Quick Links access the Benefits Information Section and click on the Benefits Plan Documents and then on the 2017 Headway Corporate Plan Colonial Benefits Booklets. This document describes the available plans and premium costs. For additional questions contact Colonial at 1-877-865-3899 or visit their website at www.coloniallife.com.

Required Notices

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For details of deductibles and coinsurance applicable to these benefits, refer to your benefits summary booklet.

If you would like more information on WHCRA benefits, contact your Plan Administrator.

Women's Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your plan administrator for more information.

Newborns' and Mothers Health Protection Act Enrollment Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Important Notice from Headway Workforce Solutions About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Headway Workforce Solutions and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Headway Workforce Solutions has determined that the prescription drug coverage offered by UHC is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current plan coverage will not be affected. You can keep your existing coverage or join a Medicare drug plan as a supplement to, or in lieu of, your coverage under Headway Workforce Solutions plan.

If you do decide to join a Medicare drug plan and drop your current plan's coverage, be aware that you and your dependents may not be able to get this coverage back until Headway Workforce Solutions next annual open enrollment (or if you experience a special enrollment event).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Headway Workforce Solutions and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Headway Workforce Solutions changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2019
Name of Entity/Sender:	Headway Workforce Solutions
Contact--Position/Office:	Naseer Sial, Benefits Administrator
Address:	3100 Smoketree Court, Suite 900, Raleigh, NC 27604
Phone Number:	919-424-5837

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

Medicaid and CHIP Contact Information			
Alabama (Medicaid)	Website: http://myalhipp.com Phone: 1-855-692-5447	Alaska (Medicaid)	Website: http://myakhipp.com Phone: 1-866-251-4861
Arkansas (Medicaid)	Website: http://myarhipp.com Phone: 1-855-692-7447	Colorado (Medicaid CHP+)	Website: http://www.healthfirstcolorado.com Phone: 1-800-221-3943 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+: 1-800-359-1991
Florida (Medicaid)	Website: https://www.flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Georgia (Medicaid)	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-439-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864	Iowa (Medicaid)	Website: www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
Kansas (Medicaid)	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Kentucky (Medicaid)	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
Louisiana (Medicaid)	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Maine (Medicaid)	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003/TTY Maine relay 711
Massachusetts (Medicaid and CHIP)	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Minnesota (Medicaid)	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
Missouri (Medicaid)	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Montana (Medicaid)	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
Nebraska (Medicaid)	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Nevada (Medicaid)	Website: http://dhcfp.nv.gov Phone: 1-800-992-0900
New Hampshire (Medicaid)	Website: http://www.dhhs.nh.gov/ombp/nhhipp Phone: 603-271-5218	New Jersey (Medicaid and CHIP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/

			Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
New York (Medicaid)	Website: http://www.health.ny.gov/health_care/medicaid Phone: 1-800-541-2831	North Carolina (Medicaid)	Website: http://dma.ncdhhs.gov/ Phone: 919-855-4100
North Dakota (Medicaid)	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Oklahoma (Medicaid and CHIP)	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
Oregon (Medicaid)	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Pennsylvania (Medicaid)	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymentthippprogram/index.htm Phone: 1-800-692-7462
Rhode Island (Medicaid)	Website: www.eohhs.ri.gov Phone: 855-697-4347	South Carolina (Medicaid)	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
South Dakota (Medicaid)	Website: http://dss.sd.gov Phone: 1-888-828-0059	Texas (Medicaid)	Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Vermont (Medicaid)	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
Virginia (Medicaid and CHIP)	Medicaid & CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282	Washington (Medicaid)	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
West Virginia (Medicaid)	Website: www.mywvhipp.com/ Phone: 1-855-699-8447	Wisconsin (Medicaid)	Website: http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
Wyoming (Medicaid)	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531		

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of

Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email bsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)