

DOL Audit Checklist

Employee Benefit Plans

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. The "Sample Documents" section of this guide contains some model documents that health plan sponsors may use. Contact Acrisure Benefits Group for help in gathering other compliance documents.

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.

Checklist of Requested Documents

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
- Newborns' and Mothers' Health Protection Act notice (may be included in the SPD)
- Women's Health & Cancer Rights Act notice
- 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 certificates of creditable coverage, pre-existing condition exclusions and special enrollment rights
- Documents showing compliance with COBRA, including 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 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- If the plan has rescinded coverage, a list of those participants and dependents whose coverage has been rescinded, the reasons for the rescission and the notice of rescission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 mid-year material change to the plan
- Exchange notice
- For non-grandfathered plans, notice of patient protections and selection of providers
- For non-grandfathered plans, information on the plan's claims and appeals procedures
- A notice describing enrollment opportunities for children up to age 26 for plans with dependent coverage