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USCIS Revises Employment Eligibility Verification Form

On November 7, 2007, US Citizenship and Immigration Services (USCIS) issued a revised Employment Eligibility Verification Form (Form I-9) which reduces the number of documents an employer may accept from newly hired employees during the employment eligibility verification process and still be in compliance with the Immigration Reform and Control Act (IRCA).

IRCA, which became effective November 6, 1986, requires all US employers to complete a Form I-9 for all employees hired on or after the effective date to verify their identity and eligibility to work in the US. For new hires, the form must be completed within three days of the start of their employment.

There is no change in how Form I-9 should be completed. The only difference is the type of documents employers may accept to verify an employee's eligibility and identity.

Specifically, the revised Form I-9 *drops* five previously acceptable documents:

- Certificate of US Citizenship
- Certificate of Naturalization
- Alien Registration Receipt Card
- Unexpired Reentry Permit
- Unexpired Refugee Travel Document

The USCIS eliminated the documents noted above because they lack features to help deter counterfeiting, tampering and fraud. Employers should now use the revised Form 1-9, which has an expiration date of June 30, 2008.

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047, Expires 06/30/08
Form I-9, Employment Eligibility Verification

Please read instructions carefully, before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which documents they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employees at the time employment begins.

Print Name: Last First Middle Initial Maiden Name

Address (Street Name and Number) Apt # Date of Birth (month/day/year)

City State Zip Code Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Employer's Signature Date (month/day/year)

Preparer and/or Translator Certification. If it is completed and signed by someone other than the employee, it must be signed by a person who is prepared to be sworn to by a person other than the employee, I swear under penalty of perjury, that I have examined in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature Print Name

Address (Street Name and Number) City State Zip (City) Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine two documents from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

Document Title	OR	List B	AND	List C
Issuing authority:				
Document #:				
Expiration date of entry:				
Document #:				
Expiration Date of entry:				

CERTIFICATION: I swear, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may need the date the employee began employment.)

Signature of Employer or Authorized Representative Print Name Title

Business or Organization Name and Address (Street Name and Number) City State Zip (City) Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (If applicable) B. Date of Birth (month/day/year of application)

C. If employee's previous grant of work authorization has expired, provide the information below for the document(s) that establish current employment eligibility.

Document Title	Document #	Expiration Date (if any)

Falsify, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or existing possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State (Form PS-545 or Form IIS-1350)
3. An unexpired foreign passport with a temporary I-551 stamp		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or nothing possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Forms I-766, I-688, I-688A, I-688D)		4. Voters registration card		4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival/Departure Record (Form I-94, bearing the same name as the passport and containing an endorsement of the alien's non-immigrant status, if that status authorizes the alien to work for the employer)		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by DHS (other than those listed under List A)
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form I-9 (Rev. 06/03/07) - Page 2

Employers need to complete the revised form only for new employees. The new form should, however, be used if an existing employee requires re-verification. The revised form is available for download on the USCIS's web site: <http://www.uscis.gov/files/form/I-9.pdf>. Also available for download is the *Handbook for Employers, Instructions for Completing the Form I-9*, an excellent resource for employers: <http://www.uscis.gov/files/nativedocuments/m-274.pdf>.

Wellness Initiatives: Are Employers Getting Aggressive?

Although wellness programs have been around for a number of years, they continue to evolve, and some of the evolution is easy to document. For example, early adopters of wellness programs typically offered annual physicals. Then, employers started adding Health Risk Assessments, health fairs and wellness newsletters. Today, programs can be far more comprehensive and may feature advanced concepts such as biometric screenings (blood tests, blood pressure and body mass index), individualized coaching, and well-crafted financial incentives or disincentives to motivate behavioral and lifestyle changes. Significant incentives or disincentives often result in much higher participation and more dramatic behavioral changes (not to mention significant total group health plan savings).

The surge in popularity of the comprehensive wellness approach might be attributed to increasing evidence indicating that properly designed wellness programs are making people healthier. That success translates into saving lives and saving dollars. When measuring claims savings over a three-year period, the return on investment is typically greater than 3:1. The actual ROI ratio is likely even higher, because available statistics often exclude money saved through reduced absenteeism and gains in workforce productivity. (Financial benefit in these areas is often difficult to measure accurately.)

Despite the undeniable potential for savings, many employers struggle with some key issues, including:

- Wellness plan design
- Identification and outreach to employees who are "at risk"
- How to motivate members to change smoking, dietary and other habits

- How to comply with federal regulations
- Whether to outsource some of the wellness tasks
- Effectively communicating and marketing the program to employees
- Budget and return on investment

Unfortunately, wellness programs do not lend themselves to one-size-fits-all solutions. Even within similar industries, organizations can vary greatly. Successful wellness strategies will reflect nuances in workforce demographics, turnover, the employer's goals, industry, number and location of worksites, internet access, and other issues. Every employer must therefore work closely with its benefits adviser in formulating a customized strategy. Employee focus groups and surveys can also be helpful in assessing what will work best.

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Clarian Health Systems is one organization that would like to take wellness initiatives to a whole new level. According to a recent *Business Week* article, the Midwest-based hospital system would, in 2009, like to start charging workers if their body mass index (BMI) is over 30. (See "Being Unhealthy Could Cost You," August 2, 2007.) Employees who exceed this maximum BMI will have \$10 deducted from their paychecks every pay period. This is not the only measure the company is taking to combat rising healthcare costs. Similar surcharges will be applied to employees with elevated cholesterol, blood pressure or glucose levels. Employees will be charged \$5 for each target level they fail to meet. Tobacco users will be assessed a separate \$5 charge per paycheck.

Clarian did pursue a more traditional wellness approach but was dissatisfied with the results. Among their prior wellness initiatives were smoking cessation programs and incentives for workers to take health risk assessment tests. In 2009, however,

instead of rewarding them for working toward a healthier lifestyle, Clarian would actually measure outcomes and assess a penalty on employees for poor health habits.

Highlights of Clarian's New Plan Design

- Eight thousand of their employees had borderline blood pressure readings above 140-over-90, blood glucose levels over 120, low-density lipoprotein cholesterol over 130, or a BMI over 29.9. According to the plan's new wellness initiative, all of these individuals could be penalized with payroll deductions.



- About 35 percent were classified as obese, and just over 25 percent were tobacco users.



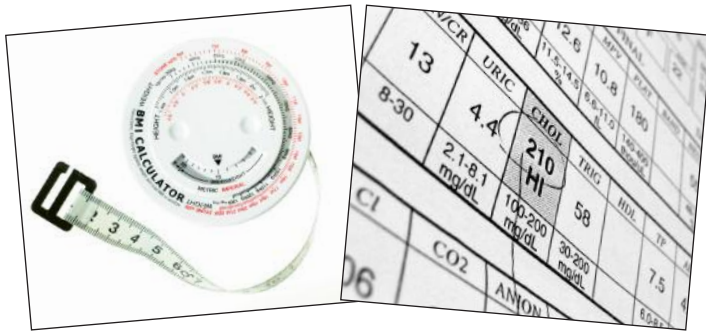
- Employees can provide a physician's note excusing them from the program if it is not advisable for them to participate. [Note: DOL rules governing wellness programs require that anyone who is unable to achieve the target health goal for medical reasons must be given an "alternate and non health-related means" of earning the available reward. Additionally, the reward must be capped at 20 percent of the corresponding premium.]



Just prior to press time for this issue of *FOCUS*, Clarian announced that in response to the strong unfavorable feedback from their employees, they will shelve this program for now. However, they still seemed interested in the concept and indicated that they might revisit something along these lines in

the future. Meanwhile, Clarian is reportedly integrating a reward system to incent wellness behavior.

contact your local Willis adviser or John at 404 224 5154, john.fortin@willis.com.



Wellness Trend?

Will new healthcare initiatives be modeled after Clarian's approach to wellness? Is this the wave of the future to encourage employees to make the right choices to be healthier? The Department of Labor (DOL) published final HIPAA nondiscrimination regulations that became effective for group health plans starting on the first day of the first plan year that begins after June 30, 2007. (For more details about these rules, please see *Willis EB Alert #94*.) With clarified and finalized regulations now in place, many employers are likely to be more comfortable experimenting with wellness concepts. The arrival of final DOL rules means that employers now have the green light to develop wellness programs as they see fit, as long as they comport with HIPAA's nondiscrimination rules. (Some employers, however, will still be concerned about EEOC enforcement of the Americans with Disabilities Act and possible ADA violations due to wellness program design.)

Willis closely monitors wellness-related developments. Earlier this year, we conducted our annual Wellness Survey and the results will be published soon. The survey examined whether companies are offering wellness programs and, if so, which benefits and services are included. We also looked at how organizations measure program success and which elements are most important to implementing a winning wellness program.

Willis' Legal & Research Group gratefully acknowledges John Fortin, National Practice Leader, Willis Healthcare Cost Management, for his contributions to this article. For further information about wellness or healthcare cost issues, please

ADA: When Is Cancer Considered a Disability?

The US Equal Employment Opportunity Commission (EEOC) has issued useful guidance related to the Americans with Disabilities Act (ADA) to help employers and their workers determine when cancer should be considered a disability. This guidance is part of a series of question-and-answer documents addressing particular disabilities in the workplace. It explains how the ADA might apply to job applicants and employees who have or have had cancer.

In particular, the guide explains:

- When cancer is a disability under the ADA
- When an employer may ask an applicant or employee questions about his or her cancer and how it should treat voluntary disclosures
- What types of reasonable accommodations employees with cancer may need
- How employers can ensure that they do not discriminate against applicants and employees with cancer

The government reports that about half of the approximately one million Americans diagnosed with cancer each year are working adults. The agency's guidance helps determine whether cancer limits major life activities of workers and if reasonable accommodations are required to keep those diagnosed with cancer working. You may view the EEOC's guidance through the following link: <http://www.eeoc.gov/facts/cancer.html>.

States Expand Leave Opportunities Related to Military Service

A number of states have added new protections to augment requirements of the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). The act applies to all individuals who are serving or have served in the uniformed services and all employers in the public and private sectors, including federal employers. The law's purpose is to minimize disadvantages associated with being absent from

civilian employment to serve in the US uniformed services by mandating that those who serve can retain their civilian employment and benefits and can seek employment free from discrimination due to their military service.

Generally, to be eligible:

- The employee must provide advance notice of military service, when possible.
- The employee must have left his or her civilian job for purposes of service in the uniformed services. The position must not have been temporary (i.e., the employee must have had some reasonable expectation that employment would last for a significant period of time).
- The length of the employee's military leave must not, in most instances, exceed five years.



Eligible employees on military leave are entitled to the same rights and benefits that the civilian employer would provide for any other leave of absence, and they are entitled to accrue seniority and other rights or benefits based on seniority that they would have attained if they had remained continuously employed. In addition, the individual may elect to continue health plan coverage for up to 24 months after leave commences. Employees returning from military leave are generally entitled to reinstatement to the same or equivalent position as the one they were in when the leave began. The law requires individuals returning from military leaves of absence to apply for reinstatement within specific periods of time (based on the length of their service).

Typical benefits covered under USERRA include seniority-based vacation allowances, pension credit and 401(k) contributions,

and protection from discharge upon return to work, except for cause, for a period of time depending on the length of service.

At least six states (New York, Illinois, Indiana, Maine, Minnesota and Nebraska) have recently enacted laws to provide soldiers' family members limited unpaid leave protection. In general, these laws allow the family members of active-duty soldiers to take unpaid leave during periods leading up to or immediately following their family member's deployment and also during periods of leave while the soldier is still on active duty. The new statutes vary, but employers should be cognizant of these new laws and prepared to adjust their leave procedures accordingly.

Survey Finds: Long-Term Care Insurance Buyers Younger

According to a study released by the American Association for Long-Term Care Insurance, eight million Americans now own long-term care insurance. The study reported that the average age of buyers dropped below 60 for the first time. In 2000 the average age was 67. Study authors cited increased public awareness of the importance of planning prior to retirement, and the lower costs available to younger individuals is a factor impacting the trend.

The study offered a particularly insightful look at long-term care insurance buying patterns in the US. Researchers compiled data from leading long-term care insurers and noted that women accounted for slightly over two-thirds of individuals currently receiving benefits under a long-term care insurance policy. Long-term care planning is especially important for all women – single, married, divorced or widowed – because their greater life expectancy makes it far more likely that they will need long-term care (as opposed to males) and, thereby stand far more likely to benefit from their insurance protection. For more information about the study, please visit www.aaltci.org.

General Healthcare/ERISA Reform

When Congress enacted ERISA back in 1974, it reserved to the federal government all authority, with limited exceptions, to

legislate and regulate employee benefit-related matters. Since then, many states and municipalities have lobbied the federal government for waivers from ERISA so that they may implement various “reform” measures in their individual states. Those requests are likely to intensify in response to the string of defeats of some state mandates by the courts. One high profile example of this phenomenon was Maryland’s “Wal-Mart” law which was struck down in 2006 (see *Willis EB Alerts #112* and *#74*). Several bills that would either permit waivers or otherwise weaken ERISA preemption have been introduced in the House and Senate, and employer organizations are working diligently to keep those bills from being passed (for example, S. 2031: States’ Right to Innovate in Health Care Act of 2007).

ERISA preemption is the foundation for the delivery of employer-provided benefits. National employers, in particular, depend on ERISA to guarantee one consistent legal framework for compliance, rather than dealing with a hodgepodge of compliance requirements inside each state in which the organization operates.

ERISA preemption is the foundation for the delivery of employer-provided benefits. National employers, in particular, depend on ERISA to guarantee one consistent legal framework for compliance, rather than dealing with a hodgepodge of compliance requirements inside each state in which the organization operates. Any erosion of ERISA protections would be highly problematic for the employer-based system. Willis is



working with the American Benefits Council and other industry colleagues to remind legislators that maintaining a single regulatory scheme is in the public interest as it promotes employer-sponsored benefits. A deviation from that structure would serve as a powerful disincentive for many employers who may be on the fence about whether to offer employee benefits. These are just a few of the larger issues that are attracting attention in Washington. The states and even counties and municipalities have been very active of late (see *Willis Executive Signal #4*) in passing additional employer mandates. Willis and its Legal and Research Group are working diligently with our industry colleagues to demonstrate the value of the current system to legislators.

Delinquent Filer Voluntary Compliance (DFVC) Penalty Calculator

The DOL has introduced a new online tool – the Delinquent Filer Voluntary Compliance Program penalty calculator – to help plan administrators filing under the DFVC Program. Plan sponsors who answer three questions and then enter some plan-specific data will be able to calculate the exact penalty due. Penalties will be based on plan size, the plan year(s) for which delinquent Forms 5500 are being filed and the date on which the delinquent 5500(s) will be mailed to DOL. (Special conditions apply that would invalidate the calculated amount if payments are not conveyed in accordance with stated requirements, or if submitted data is subsequently deemed inaccurate.) The new calculator tool is intended to promote voluntary compliance with DOL plan reporting requirements. Detailed terms and instructions for its use are available at <http://www.dol.gov/ebsa/calculator/dfvcmain.html>.

Plan administrators will need to follow the instructions and review the examples carefully. Administrators with top-hat plans or apprenticeship programs, organizations that sponsor §403(b) plans, and administrators of plans that are eligible to use the “80-120” rule under 29 CFR §2520.103-5(d) for determining when a plan moves from small plan status to large plan status should pay particular attention to the instructions for those situations.

Generally, under the DFVC Program, the penalty for late filing of a Form 5500 is \$10 for each day the filing is late – up to a maximum of \$750 for small plans (fewer than 100 participants as of the first day of the plan year) or \$2,000 for large plans (100 or more participants as of the first day of the plan year). When delinquent forms are filed for multiple plan years for the same ERISA plan number, there is a per-plan cap of \$1,500 for small plans and \$4,000 for large plans. If at least one year of a multiple-year submission is for a large plan, then the \$4,000 large plan cap applies. Additionally, in order to qualify for the per-plan cap, all of the delinquent Forms 5500 for one ERISA plan number must be filed together in a single envelope. If they are filed at separate times and/or in separate envelopes, the per-plan cap may not be recognized.

On the Campaign Trail: Democrats Promote Federal Government Health Plan

Several of the leading Democratic presidential candidates appear to have settled on similar strategies for expanding health coverage – offer millions of uninsured Americans the same healthcare program that covers members of Congress and other active and retired government workers. Candidates John Edwards, Senator Hillary Clinton and Senator Barack Obama are promoting similar proposals – which some legislative analysts have characterized as “healthcare reform-lite” – that incorporate access to the federal government’s health plan.



Whether or not coverage initiatives based on the government’s core health plan represent a viable solution for the country’s health coverage problem remains an open question. Some health policy analysts acknowledge that the federal program might offer a vehicle to reach some of the uninsured. However, many experts note that those proposals do not offer a solution to what is often seen as the underlying reason for the growing number of uninsured people – the nation’s runaway medical costs.

A look at the federal government’s primary employee health plan offers a microcosm of the problems the nation at large might face. Statistics show that at least 100,000 federal workers who were eligible for coverage *chose* to forgo health insurance. A significant number of those individuals probably consider themselves young and healthy enough to reject coverage. For others, cost is probably the prime consideration. According to *The New York Times* (October 20, 2007), under the federal government plan, the cheapest health coverage option for a family still requires a worker contribution of \$2,400 per year (depending on the region).



Since
You
Asked

Mid-Year Premium Hikes and COBRA

A *FOCUS on Benefits* reader contacted us recently about a slippery problem regarding COBRA rates. COBRA rules stipulate that rates for COBRA participants must be set in advance and cannot change for a full benefit year. For insured programs facing this obligation, what happens if the carrier increases insurance premiums mid-year? Can employers correspondingly raise COBRA rates? Or must they simply absorb the extra cost? The answers in most cases are no, the employer cannot raise rates and yes, the employer must absorb the cost. Some employers may consider alternative strategies that can potentially mitigate the pain associated with this predicament.

Like many employers, our reader uses a calendar year for COBRA administration. For calendar-year plans, COBRA rates must be set no later than December; these rates may not be raised during the COBRA determination period – a 12-month cycle that in this case means January to December. The rates are based on the *applicable premium*, which is the cost to the plan of providing coverage to similarly situated non-COBRA beneficiaries. A plan’s COBRA premium can be any amount up to 102 percent (in a few cases, 150 percent) of the applicable premium.

In this situation, the employer's insurer sent word in November that for a number of operational reasons it would not establish the premium for the company's group health plan until March – well after the start of the 2008 determination period. How then could a premium rate be set if the applicable premium was not available?

Unfortunately, only limited authority regarding this type of situation exists. With advance planning, however, employers might have additional options.

Unfortunately, only limited authority regarding this type of situation exists. One significant court decision (*Draper v. Baker Hughes, Inc.*) concerning COBRA premiums underscored the rule that a plan's applicable premium could not exceed the premium paid to the insurer for coverage. Applying that principle, the employer in this situation would therefore appear to be stuck with the current premium, even though it knows the premium will be going up in March. With advance planning, however, employers might have additional options.

Option One: Change the Determination Period

One strategy, and the least likely to be challenged, calls for the plan sponsor to change the start of its determination period to March 1. There are no rules prohibiting a change in the determination period, and there is also no requirement that the determination period be either the same as the policy year or the plan year. If employers choose this route, we recommend they use the new determination period for *at least* the next two years (if not longer) to avoid any appearance that they may be trying to evade applicable premium protections established for COBRA-qualified beneficiaries. Permanently switching to a March 1 determination period might solve the problem entirely – and might be beneficial in the long run, too, if the insurer's delay in setting rates proves to be an annual occurrence.

Option Two: Estimate High, Then Adjust

Although it may seem to challenge the letter of the COBRA law, there is no reason why employers cannot estimate what the higher rate will be at mid-year and communicate that rate as the new 12-month COBRA rate. The employer would *not* actually be allowed to charge that rate before the increase went through, because the COBRA premium would, for the time being, exceed the premium paid to the insurer – but once the rate increase was applied by the insurer, then the higher rate could be applied by the employer as previously announced at the start of the determination period. This complies with one exception to the 12-month determination rule: it is possible to charge *less* than the applicable rate and raise it mid year. In addition, because the insurer in this particular situation planned to retroactively apply the rate increase back to January, the employer has an even stronger argument to assert justifying a higher determination period rate.

Employers need to carefully document their method of calculating the higher rate based on the latest information regarding the expected mid-year rate increase. Some might still argue that the new estimated applicable premium would not reflect the actual cost to the plan of providing coverage and therefore would violate the rule on setting the applicable premium for the full determination period. Opinions on this technical point are unquestionably divided, but as mentioned above, the *retroactive* application of the rate increase would tend to bolster the employer's position. The bottom line in situations like this, and particularly in cases involving problematic facts, is that plan administrators should consult their legal counsel.

There will be some unavoidable risk in this option. Specifically, should the estimate prove to be low, the employer would not be able to raise the rate and would have to cover the difference. Should the estimate prove to be too high, then the employer would have to lower its COBRA rate accordingly. Any premium decreases must be passed along during the year regardless of the determination period, because a plan cannot charge more than the applicable premium, which is defined as the true cost of group health coverage.

Key Contacts

US Benefits Office Locations

Atlanta, GA
404 224 5000

Florham Park, NJ
973 410 1022

Naples, FL
239 659 4500

San Jose, CA
408 436 7000

Austin, TX
800 861 9851

Ft. Worth, TX
817 335 2115

Nashville, TN
615 872 3700

San Juan, PR
787 725 5880

Baltimore, MD
410 527 1200

Grand Rapids, MI
616 954 7829

New Orleans, LA
504 581 6151

Seattle, WA
206 386 7400

Birmingham, AL
205 871 3871

Greenville, SC
864 232 9999

New York, NY
212 915 5422

Tampa, FL
813 281 2095

Boston, MA
617 437 6900

Houston, TX
713 961 3800

Omaha, NE
402 391 1044

Washington, DC
301 530 5050

Cary, NC
919 459 3000

Jacksonville, FL
904 355 4600

Orange County, CA
949 885 1200

Wilmington, DE
302 477 9640

Charlotte, NC
704 376 9161

Knoxville, TN
865 588 8101

Orlando, FL
407 805 3005

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Las Vegas, NV
702 432 7100

Philadelphia, PA
610 964 8700

Cincinnati, OH
513 762 7855

Long Island, NY
516 941 0260

Phoenix, AZ
602 787 6000

Cleveland, OH
216 861 9100

Los Angeles, CA
213 607 6300

Pittsburgh, PA
412 586 1400

Columbus, OH
614 766 8900

Memphis, TN
901 248 3100

Portland, OR
503 224 4155

Dallas, TX
972 385 9800

Miami, FL
305 373 8460

Roswell, NM
505 317 3397

Denver, CO
303 218 4020

Milwaukee, WI
414 271 9800

St. Louis, MO
314 721 8400

Detroit, MI
248 735 7580

Minneapolis, MN
763 302 7100

San Diego, CA
858 678 2000

Farmington, CT
860 284 6147

Mobile, AL
251 433 0441

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415 981 0600