HUMAN CAPITAL PRACTICE

Willis HRFocus

April 2015 www.willis.com

HR CORNER

DOL REDEFINES THE DEFINITION OF "SPOUSE" UNDER THE FMLA

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WILLIS NORTH AMERICA HUMAN CAPITAL PRACTICE

On February 25, 2015 the Department of Labor issued a final rule revising the regulatory definition of "spouse" under the Family and Medical Leave Act (FMLA) to include same-sex marriages regardless of the state in which the employee lives. Therefore, eligible employees in a legal same-sex marriage will be able to take FMLA leave to care for their spouse or family member, regardless of where they live. The amendment to the FMLA extends to all 50 states – even those that do not recognize same-sex marriages. The effective date for the Final Rule is March 27, 2015.

Some Background. In 2013, the Supreme Court in *United States v. Windsor* struck down Section 3 of the Defense of Marriage Act (DOMA) as unconstitutional. In a June 26, 2013 press release responding to the decision, President Obama said, "This ruling is a victory for couples who have long fought for equal treatment under the law, for children whose parents' marriages will now be recognized, rightly, as legitimate; for families that, at long last, will get the respect and protection they deserve; and for friends and supporters who have wanted nothing more than to see their loved ones treated fairly and have worked hard to persuade their nations to change for the better." **(Source: DOL Fact Sheet: Final Rule to Amend the Definition of Spouse in the Family and Medical Leave Act Regulations)**.

Immediately following the *Windsor* decision, the DOL announced the change to the definition of spouse under the FMLA to allow eligible employees FMLA leave to care for a same-sex spouse, but only if the employee resided in a state that recognizes same-sex marriage. A revised DOL Fact Sheet 28F, dated August 2013, provided the following definition of a spouse:

Spouse means a husband or wife as defined or recognized under state law for purposes of marriage in the state where the employee resides, including "common law" marriage and same-sex marriage.

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Now the DOL has moved from a "state of residence" rule to a "place of celebration" rule for the definition of spouse under the FMLA regulations. The Final Rule changes the regulatory definition of spouse to look to the law of the place in which the marriage was entered into, as opposed to the law of the state in which the employee resides. A place of celebration rule allows all legally married couples, whether opposite-sex or same-sex, or married under common law, to have consistent federal family leave rights regardless of where they live.

What impact does this definitional change have on FMLA leave usage?

- This definitional change means that eligible employees, regardless of where they live, will be able to:
  - Take FMLA leave to care for their lawfully married same-sex spouse with a serious health condition
  - Take qualifying exigency leave due to their lawfully married same-sex spouse's covered military service OR
  - Take military caregiver leave for their lawfully married same-sex spouse
- This change entitles eligible employees to take FMLA leave to care for their stepchild (child of employee's same-sex spouse) regardless of whether the in loco parentis requirement of providing day-to-day care or financial support for the child is met.
- This change also entitles eligible employees to take FMLA leave to care for a stepparent who is a same-sex spouse of the employee's parent, regardless of whether the stepparent ever stood in loco parentis to the employee.

The full text of the Final Rule can be found at **http://www.dol.gov/whd/fmla/spouse/**.

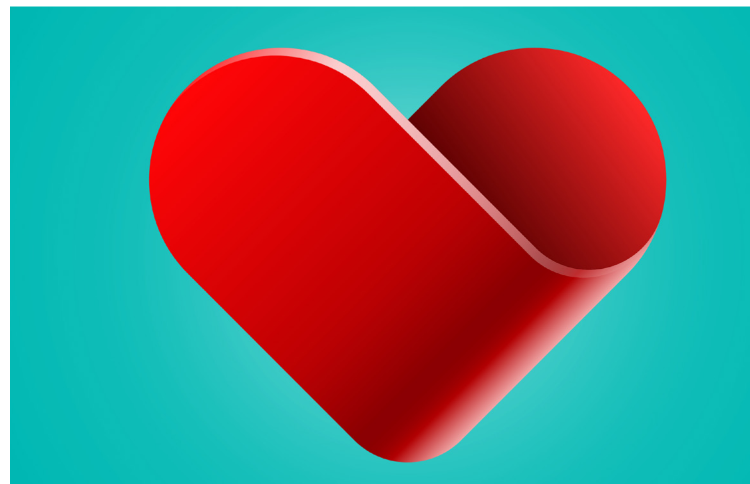
Something to Watch. On March 26, 2015, one day before the effective date for the Final Rule, the United States District Court for the Northern District of Texas, in Texas v. United States, Civil Action No. 7:15-cv-00056 (N.D. Tex.), granted a request made by the states of Texas, Arkansas, Louisiana and Nebraska for a preliminary injunction with respect to the Department's Final Rule revising the regulatory definition of spouse under the Family and Medical Leave Act (FMLA).

HEALTH OUTCOMES

CREATING A CULTURE OF HEALTH

To reach their business goals, employers must attract, retain and engage the most productive employees. Over the past 30 years, many strategies have been adopted to reach these goals. One of the top strategies for many organizations is the implementation of a worksite wellness program to improve employee health, lower costs, improve productivity and become an "employer of choice." The most recent American Time Use Survey (ATUS) from the Bureau of Labor Statistics notes that Americans spend almost 40% of each day at work.[1] This clearly identifies the worksite as the ideal environment for the delivery of health improvement programs.

From experience with worksite wellness programs, we have seen the need to create integrated, holistic and next-generation wellness strategies. Organizations that are succeeding at this have found the missing piece of the puzzle: creating a worksite culture that values employee health and wellbeing – a culture of health. Ideally, a strong culture of health begins at the top with strong senior leadership and commitment. Many companies struggle with translating the beliefs and ideals of the corporate vision into the day-to-day experience for each employee. One of the top health and productivity researchers, Dee Edington, PhD Director of University of Michigan's Health Enhancement Research Center, states, "...a supportive culture is the most important element that supports individual behavior change. By promoting behavior change without cultivating the culture most employees will fail miserably."[2]



Continued on page 3

Health Outcomes – continued from page 2

WHAT IS A CULTURE OF HEALTH?

The CDC (Centers for Disease Control and Prevention) defines a culture of health as:

The creation of a working environment where employee health and safety is valued, supported, and promoted through workplace health programs, policies, benefits, and environmental supports. Building a culture of health involves all levels of the organization and establishes the workplace health program as a routine part of business operations aligned with overall business goals.[3]

Employers are in an exclusive position to influence employee behavior in that they benefit from a naturally captive audience, unique resources and the infrastructure necessary to foster cultural change. As you embark on building or refining a successful wellness strategy, it is essential to focus on the culture of your organization and to examine whether your company policies and practices either help to facilitate or diminish optimal employee health and the effectiveness of the overall program. Having organizational and environmental policies and support structures that encourage the adoption and maintenance of healthy behaviors is the essence of a worksite culture of health.

So what are the trademarks of organizations that have been successful at integrating health supporting mechanisms into their culture? The U.S. Chamber of Commerce and Partnership for Prevention have developed a guide titled *Leading by Example*, which shares successful knowledge, experience, examples and strategies from employers of every size. Below are those elements that have been identified from successful approaches in managing employee health and productivity in creating a culture of health.

KEY ELEMENTS FOR CREATING A CULTURE OF HEALTH[4]

- Proclaim visibly that health is an important value and objective for the organization, while also explaining the steps necessary to address the risks of poor health. This is a critical first step that should be made by top management.
- Hold managers at all levels accountable and reward them for facilitating a healthy work setting for employees.
- Ensure that supervisors know it is their responsibility to avoid creating a high-stress, toxic work environment. Make sure they receive training in leadership and stress management.
- Create employee peer support teams.
- Create a health- and fitness-friendly environment by offering exercise options through fitness facilities, walking paths, showers, healthy cafeteria/vending selections and "quiet rooms."
- Institute health and safety policies in such areas as tobacco use and safety belt use, among others.
- Provide abundant opportunities for participation in health promotion programs.
- Design or provide health benefits that encourage appropriate treatment and prevention, as well as participation. Provide information about the availability and use of these benefits.
- Conduct ongoing awareness and reinforcement campaigns through common and popular communication channels (e.g., company newsletter).

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[1] **http://www.bls.gov/tus/charts/chart1.pdf**

[2] Hunnicutt, D. (2009). *WELCOA Expert Interview: Dee Edington, PhD.* ***WELCOA Expert Interview.***

[3] **http://www.cdc.gov/workplacehealthpromotion/glossary/**

[4] **http://www.prevent.org/Publications-and-Resources.aspx**

"THE CREATION OF A WORKING ENVIRONMENT WHERE EMPLOYEE HEALTH AND SAFETY IS VALUED, SUPPORTED, AND PROMOTED THROUGH WORKPLACE HEALTH PROGRAMS, POLICIES, BENEFITS, AND ENVIRONMENTAL SUPPORTS."

LEGAL AND COMPLIANCE

HHS ISSUES 2015 FEDERAL POVERTY GUIDELINES

The Department of Health and Human Services (HHS) recently issued the **2015 federal poverty guidelines**. The poverty threshold for one person for the 48 contiguous states and the District of Columbia is $11,770. The threshold is higher in Alaska and Hawaii ($14,720 and $13,550 respectively). The federal poverty line is also adjusted for family size.

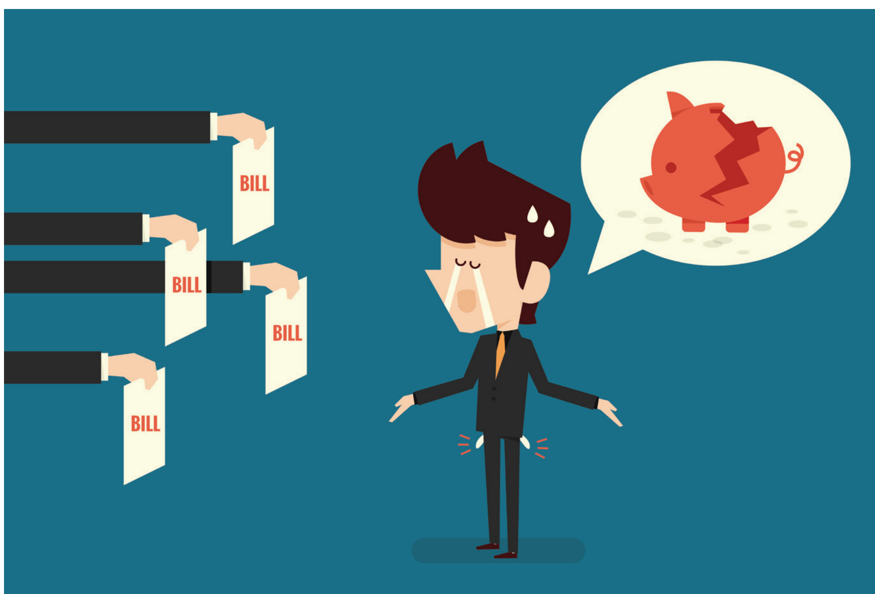
This information will be used to determine an individual's eligibility for premium assistance for coverage purchased through the public health insurance exchanges (also known as marketplaces). Under the Patient Protection and Affordable Care Act, households with income from 100% to 400% of the federal poverty level are eligible for premium assistance for coverage purchased through the public health insurance exchanges. Since eligibility for premium assistance for a certain year is based on the most recently published set of poverty guidelines as of the first day of the public health insurance exchanges' annual open enrollment period, the 2015 guidelines will apply for purposes of the 2016 open enrollment period that will begin November 1, 2015.

The federal poverty level for an individual can also be used by employers to determine whether the employer-sponsored coverage offered to their full-time employees is "affordable" for purposes of the employer pay or play mandate (see Willis's Human Capital Practice *Alert*, June 2013, "**Employer Pay or Play Mandate – Final Regulations Explained.**" The federal poverty line affordability safe harbor uses the federal poverty line for the state in which the employee is employed. In addition, employers are permitted to use the poverty guidelines in effect six months before the first day of the plan year of the applicable large employer member's health plan (for 2014 the poverty threshold for one person was $11,670.)

REMINDER: SAN FRANCISCO'S HCSO ANNUAL REPORTING FORM DUE BY APRIL 30

San Francisco's Health Care Security Ordinance (HCSO) requires that medium and large businesses make certain minimum contributions toward their San Francisco employees' health care. Under this mandate, an employer may either contribute at least the minimum amount to a medical plan or other health benefits, or pay that amount into the public program established by the HCSO (additional information about the HCSO can be found **here**).

The HCSO requires covered employers to report on their health care expenditures by April 30 of each year. A copy of the 2014 Annual Reporting Form (ARF) is available on the Office of Labor Standards Enforcement's (OLSE) **website**.



Given the amendments made to the HCSO last year, the 2014 HCSO ARF may require additional information from certain employers. Specifically, if an employer makes revocable contributions to an excepted benefits health reimbursement arrangement (an HRA that reimburses employees for services that qualify as excepted benefits such as dental and vision benefits) for more than an average of 20 hours per week for any of its Covered Employees, the OLSE will require that employer to provide aggregate information on allocations, reimbursements and "true-up" spending, if applicable.

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Legal and Compliance – continued from page 4

SBCS: WRITTEN TRANSLATIONS MAY BE REQUIRED

Under the Patient Protection and Affordable Care Act (PPACA), group health plans and health insurance issuers are required to distribute a summary of benefits and coverage (SBC) to participants. The SBC is intended to help individuals better understand their health coverage and to that end, must be presented in a "culturally and linguistically appropriate manner."

To satisfy the requirement, the plan or issuer must follow the rules that apply to claims and appeals and for providing appeals notices. In specified counties of the U.S., plans and insurers must also provide upon request interpretive services and written translations in certain non-English languages. The applicable counties are those in which at least 10% of the population residing in the county is literate only in the same non-English language – a determination based on U.S. Census data that identifies four languages: Spanish, Chinese, Tagalog, and Navajo. The initial list of applicable counties was set forth in the amended interim final regulations relating to appeals notices. The list is updated annually and the most recent version can be found here: **http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/2009-13-CLAS-County-Data_12-05-14_clean_508.pdf.**

In sending SBCs to addresses in an applicable county, the plan or issuer must satisfy three requirements:

- Provide oral language services in the non-English language
- Provide notices upon request in the non-English language
- Include in all English versions of the notices a statement in the non-English language clearly indicating how to access the language services provided by the plan or issuer

The statement on how to access language services should be included on the page of the SBC with the "Your Rights to Continue Coverage" and "Your Grievance and Appeals Rights" sections. Sample language for this statement is available on the model notice of adverse benefit determination at **http://www.dol.gov/ebsa/IABDModelNotice2.doc.** While the statement is not required for SBCs sent to addresses in counties where no non-English language meets the 10% threshold, a plan or issuer can voluntarily choose to include such a statement in the SBC in any non-English language.

Written translations of the SBC template and uniform glossary in the four applicable languages, Chinese, Navajo (an oral translation in MP3 format is also available), Spanish and Tagalog, are available on the HHS website: **http://www.cms.gov/cciio/Resources/forms-reports-and-other-resources/index.html#Summary of Benefits and Coverage and Uniform Glossary**. HHS has indicated that it may make these materials available in other languages in the future.

Information about the SBC requirements can be found in the Willis Human Capital Practice Alert, March 2012, **"Summary of Benefits and Coverage: Final Regulations Released."**

"THE SBC IS INTENDED TO HELP INDIVIDUALS BETTER UNDERSTAND THEIR HEALTH COVERAGE AND TO THAT END, MUST BE PRESENTED IN A "CULTURALLY AND LINGUISTICALLY APPROPRIATE MANNER.""

COMMUNICATION

DO YOU EM DASH? IS POOR PUNCTUATION AND STYLE HURTING YOUR BENEFIT COMMUNICATIONS?

LISA BEYER, SENIOR COMMUNICATION CONSULTANT
WILLS HUMAN CAPITAL PRACTICE

Writing effectively ... and in an appealing manner ... takes years to master; yet all too often, HR professionals find that the burden of writing educational materials for employees falls on them. Somewhere in between meetings and administrative duties, they are asked to create literary letters, fabulous flyers and punctuation-perfect postcards about benefits, wellness, total rewards ... you get the idea.

Many will do just about anything to avoid the task, however, in my experience, most HR pros write fairly well. There are, however, several roadblocks to strong writing and reader comprehension I'd like to share with you today. Most revolve around punctuation that is inconsistent and incorrectly used.

Gappy copy
Gaps in content hinder readability and comprehension. Therefore: Use *only one space* after a sentence. This has been the rule since we began using computers, which automatically adjust the spacing between letters.

Left justified/ragged right content looks best. Right justified copy has too many odd spaces and it ends up looking unprofessional.

Avoid:
Using the & unless it is within a formal title. Use "and."

Exclamation points! Too many looks juvenile and undermines a professional tone! I'm serious!

CAPITALIZING LETTERS as this practice hinders readability and comprehension. It's also the written version of screaming.

Underlines. **Bold** or *italicize* a word or phrase for emphasis. Underlines are no longer required and you do not see them in newspapers or magazines as they hinder readability.

Commas: A panda walks into a bar...
If you are not comfortable with commas, look them up or read the sentence aloud to see if it sounds correct.
When in doubt, consider the impact of one misplaced comma:
A panda walks into a bar. He eats, shoots and leaves. (Ouch! Did anyone get hurt?)
A panda walks into a bar. He eats shoots and leaves. (A harmless lunch option ... hope it was yummy!)

Hyphens, Em and En dashes
Hyphens should only be used as word connectors, for example, well-being. There is *no space* before or after a hyphen. This is something I see a lot of –hyphens used incorrectly- with incorrect spacing before or after the symbol.

In the example above, I should have used the **Em Dash**, also known as the long dash. Use one space — before and after an **Em Dash**. The em dash is not found on the keyboard, but is inserted under the Symbol tool.

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Communication – continued from page 6

Think a hyphen can masquerade as an em dash if you add some spaces or use two of them? Think again. When not coded properly, this make-do long dash will revert to its original persona — a misguided, misused hyphen signifying nothing.

Hyphens are not even used in date ranges. Those require the **En dash,** which specifies any kind of range or a "to" relationship, such as a range of pages, dates, months, numbers. Like the em dash, it is inserted under the Symbol tool (special characters).

Examples: Pages 147–48, the May–September issues, in years, 1947–1952

Avoid word weakeners (among my favorites) as they are the mark of amateur writing. Instead of *very, really, to be, to have, in order,* and *to do,* use stronger adjectives and active writing.

Not: The cake was very good; but: The cake was delicious.
Not: We made the change in order to save money; but: We made the change to save money.

Please don't use a passive voice in your writing — it's weak and confusing:
Not: The decision was made to increase the copay.

Use ***active voice*** *(yes, it forces you to take ownership):*

We decided to increase the copay *or* We increased the copay.

Unless it's an emergency, avoid the use of red in your materials. Red is alarming and usually indicates bad news. Bold, italicize or use a different point size for key information.

Finally, make sure every word in your sentence has a job. If you can delete a word without changing the meaning, delete it. Wordiness does not add value. I've edited two-page documents down to a couple of paragraphs without changing the meaning or intent. Think about what that means to your employees, who would rather read "sound bites" of information than a lengthy and confusing document.

Consider pulling up an employee email or other communication and applying these tips. I think you'll be surprised ... and pleased ... with the improvements you've made.

Need more information? Two of the most commonly-used writing resources (for corporate writers) are the *AP Style Manual* and Strunk and White, *The Elements of Style.*

PRIVATE EXCHANGES

HOW TO USE A PRIVATE EXCHANGE TO SUPPORT YOUR HUMAN CAPITAL GOALS

BY ROB HARKINS
PRIVATE EXCHANGE PRACTICE LEADER
WILLIS HUMAN CAPITAL PRACTICE

Employers seeking to reduce their health care spend while promoting employee engagement with the company (and with their benefits), may want to consider implementing a private exchange model.

HEALTH CARE BENEFITS ARE AN IMPORTANT DRIVER – IN THE TOP 10 – OF EMPLOYEE ATTRACTION, GLOBALLY AND IN THE U.S. – 2014 NATIONAL BUSINESS GROUP ON HEALTH EMPLOYER SURVEY ON PURCHASING VALUE IN HEALTH CARE.

Companies cannot sustain the increasing cost of health care in the long term, much less the administrative burden of health care reform legislation. According to the 2014 National Business Group on Health Employer Survey on Purchasing Value in Health Care,[1] 95% of employers remain committed to offering health care programs to full-time employees in 2015 or after, and the same percentage say that subsidized health care is an important part of their value proposition.

A private exchange model may reduce their health spend and administrative burdens while ensuring they are compliant with the law. According to the same survey, 67% agree that private exchanges will be an option for active employees by early 2016.

More than half of surveyed employers agree that if an industry peer moved to a private exchange, they would be more likely to do the same.

The key reasons employers move to the private exchange model are to:

- Manage costs through defined contribution approach and/or cost stabilization measures
- Encourage employee engagement through decision support tools and consumerism
- Effectively communicate with employees
- Offer competitive benefit programs
- Improve recruitment and retention
- Promote healthy habits for employees

In most cases, employees are given a defined contribution to spend on their benefits within a one-stop-shop online marketplace. This requires them to make wise decisions about the options they purchase and, as a result, they are more likely to appreciate the value of the benefits they choose. It was their decision, after all.

A private, online exchange marketplace can be compared to a smart phone that provides music, navigation, a flashlight and myriad other tools on one device. Users can access information about their benefits, cost calculators, wellness and preventive medicine information as fast as they can log on to the site. As they become more familiar with the marketplace as a source of information, they are less likely to contact their employer with benefit questions.

Let's take a closer look at the benefits a private exchange offers – for employers and their employees.

COST SAVINGS

Private exchanges, such as The Willis Advantage, promote cost stability by facilitating a shift to a defined contribution through a fixed dollar benefit. The employer defines the dollar amount provided to the employee and, therefore, has more control over how much it spends on health care benefits.

A PRIVATE EXCHANGE IS A TECHNOLOGY-BASED PLATFORM THAT PROVIDES GREATER CONSUMER CHOICE, DEFINES EMPLOYER FINANCIAL CONTRIBUTION AND ENHANCES EMPLOYER DECISION.

Note that while employees may assume more financial risk under this model, they have gained more control over how they spend their benefit dollars.

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Private Exchanges – continued from page 8

It's important to mention there's a lot of emphasis in the marketplace on the cost savings associated with private exchanges; however, what is not mentioned is that this is a transition to a new and more effective model for delivering benefits, especially those related to health care. According to a Liazon survey, price is not the major driver of benefit selection. More than 50% of consumers said they chose benefits that provided the right level of coverage, while less than 20% chose benefits that had the lowest cost.[2]

We're still in the early stages of this transition and of course employers are seeing cost savings – that's inherent. I predict that the cost savings will equalize in a few years and the real benefits, for both employers and employees, will become more visible.

STREAMLINED ADMINISTRATION

Administrative services provided by the private exchange are critical, as employers reduce human resources administrative functions to invest in core business services. According to a 2014 PEEC survey, 68% of employees want assistance with administration and claim advocacy, while 65% need help with data and reporting.[3]

Capabilities considered somewhat or very important to employers include employee communication support, flexible employee contributions, health education tools and information, high performing networks with call centers or instant chats, variety of plan options and designs with broad network access.[4]

EXPANDED ELIGIBILITY

Private exchanges can be set up to offer insurance coverage for all employee segments, from part-time and seasonal workers to contractors and early retirees (through brokered individual Medicare plans). This may explain why we are working with a mix of employers, from technology and manufacturing companies to retailers and the service industry. Our clients include two major realtors who are now able to offer health care coverage to brokers, most of whom work on a part-time basis.

EMPLOYEE ENGAGEMENT

Offering benefits through an exchange provides greater opportunities to the employee for engagement.

Additional benefits for employees include:

- Increased medical and non-medical plan offerings
- Consumer-focused buying experience
- Personalized member experience
- Robust decision support tools
- Technology-based "backbone" and customer service support
- "Point and click" purchasing platform

According to Liazon's 2014 Employer and Employer Survey, 79% of employees are satisfied with the shopping and enrollment experience while 74% are more aware of their employer's contribution to their benefits.[5] Only 2% of employees preferred letting their employer choose their benefits for them.

Feedback from the early adopters shows that a private exchange can add dimension and direction to an organization's human capital strategy. Is there a role for this unique platform in your benefit plan? With so much at stake – for employers and employees alike – it's worth investigating your options.

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[1] 2014 National Business Group on Health Employer Survey on Purchasing Value in Health Care

[2] Liazon Employer and Employee Survey, 2014

[3] 2014 PEEC Survey Executive Summary (December 2014)

[4] Ibid

[5] 2014 National Business Group on Health Employer Survey on Purchasing Value in Health Care

WEBCASTS

HOW TO BUILD A PAY STRUCTURE THAT ALIGNS WITH THE MARKET AND CONTROLS COSTS

TUESDAY, APRIL 21, 2015 2:00 PM EASTERN

Presented by:

Pam Murray
Senior Human Resources Consultant
HR Partner, Human Capital Practice

Megan Gaddy
Human Resources Consultant
HR Partner, Consulting Human Capital Practice

As the marketplace has become more competitive, organizations are recognizing they can no longer be reactive in addressing pay issues or making pay decisions based on hearsay. Companies need to understand the boundaries of pay in the marketplace to ensure they neither underpay nor overpay for key benchmark jobs.

Pay structures are an important component of effective compensation programs and help ensure that pay levels for groups of jobs are both externally competitive and internally equitable. An effective salary structure allows management to reward performance and the development of skills, while controlling overall base salary cost by providing a cap on the range paid for particular jobs or locations.

This interactive "how to" session describes the process for developing a market-based pay structure that aligns closely with your company's business goals and reflects your unique organizational culture.

During this session participants will learn:

- Methods used to design salary range structures
- Three types of pay structures and the pros/cons of each
- How to use survey data to build pay ranges
- Key steps on "how to" design a market-aligned pay structure
- Key policy considerations when implementing a pay structure

To RSVP, click here.

NOTE: Advance RSVP is required to participate in this call. Registration ends 1 hour prior to the call start time.

HOW TO ENGAGE EMPLOYEES ON A BUDGET

TUESDAY, MAY 19, 2015 2 PM EASTERN

Presented by:
Lisa Beyer
Senior Communications Consultant
Human Capital Practice

Organizations know that having a communication budget to support benefits education for employees is important. And considering how much you spend on employee benefits, it makes economic sense to let employees know their value. But knowing that you should be taking this step and actually having the funds to make it happen are often two different things.

How can you accomplish the seemingly impossible?

With Willis. The Willis Human Capital Group offers numerous tools and resources that allow you to build an effective communication campaign—on a budget. During this presentation, we'll review the resources available to you as a client and show you how to develop a year-long communication campaign that will increase your workforce's engagement with, and understanding of, their benefits.

During this session participants will learn:

- Learn about the importance of communicating about benefits, regardless of budget parameters
- Review creative strategies for creating communication materials
- View communication samples
- Leave with five ideas for developing communication for their organization

To RSVP, click here.

NOTE: Advance RSVP is required to participate in this call. Registration ends 1 hour prior to the call start time.

Each of the above programs has been approved for 1 recertification hour toward PHR, SPHR and GPHR recertification through the Human Resource Certification Institute (HRCI). For more information about certification or recertification, please visit the HRCI homepage at ***www.hrci.org****.*

KEY CONTACTS

U.S. HUMAN CAPITAL PRACTICE OFFICE LOCATIONS

NEW ENGLAND

Auburn, ME
207 783 2211

Bangor, ME
207 942 4671

Boston, MA
617 437 6900

Burlington, VT
802 264 9536

Hartford, CT
860 756 7365

Manchester, NH
603 627 9583

Portland, ME
207 553 2131

Shelton, CT
203 924 2994

NORTHEAST

Buffalo, NY
716 856 1100

Morristown, NJ
973 539 1923

Mt. Laurel, NJ
856 914 4600

New York, NY
212 915 8802

Stamford, CT
203 653 2430

Radnor, PA
610 254 7289

Wilmington, DE
302 397 0171

ATLANTIC

Baltimore, MD
410 584 7528

Knoxville, TN
865 588 8101

Memphis, TN
901 248 3103

Metro, DC
301 581 4262

Nashville, TN
615 872 3716

Norfolk, VA
757 628 2303

Reston, VA
703 435 7078

Richmond, VA
804 527 2343

Rockville, MD
301 692 3025

SOUTHEAST

Atlanta, GA
404 224 5000

Birmingham, AL
205 871 3300

Charlotte, NC
704 344 4856

Gainesville, FL
352 378 2511

Greenville, SC
864 232 9999

Jacksonville, FL
904 562 5552

Marietta, GA
770 425 6700

Miami, FL
305 421 6208

Mobile, AL
251 544 0212

Orlando, FL
407 562 2493

Raleigh, NC
704 344 4856

Savannah, GA
912 239 9047

Tallahassee, FL
850 385 3636

Tampa, FL
813 281 2095

Vero Beach, FL
772 469 2843

MIDWEST

Appleton, WI
800 236 3311

Chicago, IL
312 288 7700

Cleveland, OH
216 861 9100

Columbus, OH
614 326 4722

Detroit, MI
248 539 6600

Grand Rapids, MI
616 957 2020

Milwaukee, WI
262 780 3476

Minneapolis, MN
763 302 7131
763 302 7209

Moline, IL
309 764 9666

Overland Park, KS
913 339 0800

Pittsburgh, PA
412 645 8506

Schaumburg, IL
847 517 3469

SOUTH CENTRAL

Amarillo, TX
806 376 4761

Austin, TX
512 651 1660

Dallas, TX
972 715 2194
972 715 6272

Denver, CO
303 765 1564
303 773 1373

Houston, TX
713 625 1017
713 625 1082

McAllen, TX
956 682 9423

Mills, WY
307 266 6568

New Orleans, LA
504 581 6151

Oklahoma City, OK
405 232 0651

San Antonio, TX
210 979 7470

Wichita, KS
316 263 3211

WESTERN

Fresno, CA
559 256 6212

Irvine, CA
949 885 1200

Las Vegas, NV
602 787 6235
602 787 6078

Los Angeles, CA
213 607 6300

Phoenix, AZ
602 787 6235
602 787 6078

Portland, OR
503 274 6224

Irvine, CA
949 885 1200

San Diego, CA
858 678 2000
858 678 2132

San Francisco, CA
415 291 1567

San Jose, CA
408 436 7000

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