



EMPLOYEE BENEFITS SECURITY ADMINISTRATION

UNITED STATES DEPARTMENT OF LABOR

Cincinnati Regional Office

Presentation Request Form

Name & Address of Organization: _____

Contact Person: _____

Contact Phone Number: _____

Contact E-Mail Address: _____

Program Location: _____

Estimated Audience Size: _____

Requested Program Delivery Date: _____

Potential Program Topics:

(Please see the "Presentation Descriptions" document for a better understanding of the information that may be discussed in each presentation.)

Retirement:

- _____ Getting it Right – Know Your Fiduciary Responsibilities*
- _____ Participant Level and Fiduciary Level Fee Disclosure
- _____ Voluntary Fiduciary Correction Program (VFCP)
- _____ Choosing a Retirement Solution for Your Small Business
- _____ What to Expect from a Retirement Plan Investigation*

Health:

- _____ What it Means to be a Group Health Plan Fiduciary
- _____ Title 1, Part 7 General Overview (ACA, HIPAA†, MHPAEA, and Executive Order 13813...)*
- _____ Health Insurance Portability and Accountability Act (HIPAA† and Wellness Programs)
- _____ Mental Health Parity and Addiction Equity Act (MHPAEA)
- _____ Federal Health Benefits Laws: Health Coverage Updates (Executive Order 13813...)
- _____ Consolidated Omnibus Budget Reconciliation Act (COBRA)*
- _____ What to Expect from a Health Plan Investigation*

Participant Presentations:

- _____ Savings Fitness: A Guide to Your Money and Your Financial Future
- _____ Taking the Mystery out of Retirement Planning
- _____ Work and Life Changes Require Health Choices*
- _____ What You Should Know about Your Retirement Plan*

*EBSA has issued guidance to help employee benefit plan participants and beneficiaries, plan sponsors, and employers impacted by the COVID-19 outbreak.

†The U.S. DOL has jurisdiction over HIPAA portability and nondiscrimination requirements; health information privacy provisions are administered by the U.S. Department of Health & Human Services.