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Avian Flu and the Workplace

Avian influenza, an infectious disease of birds, was first identified in Italy more than 100 years ago. It has now appeared in at least a dozen countries. The World Health Organization (WHO) recently confirmed that the avian flu continues to move west amid fears of economic and business disturbances from a possible epidemic. Certainly the spread of such a dangerous virus would bring unique and challenging health issues to many workplaces. Employers should become familiar with the nature of avian flu and the issues it may pose. The WHO and the Centers for Disease Control and Prevention (CDC) have a variety of information available on their Web sites that can be used to educate HR professional and employees about avian flu (WHO: <http://www.who.int/en/> CDC: <http://www.cdc.gov/flu/avian/>).

While it is important not to raise undue fear, it is common sense for employers to have procedures for dealing with infectious diseases in the workplace — particularly employers with workers traveling to foreign countries.

What employment issues are involved?

Today, no confirmed cases of avian flu have appeared anywhere in North America. At present, business travel to avian flu-affected areas creates the greatest health risk to U.S. workers. More than a dozen countries have reported avian flu outbreaks including nations in Asia and Europe.

Although *Occupational Safety and Health Act* (OSHA) regulations do not specifically address avian flu, a “general duty clause” requires employers to provide a workplace “free from recognized hazards that are causing or are likely to cause death or serious physical harm.” Although some employers will be hard pressed to provide a workplace free from recognized hazards, employers should seek to proactively train employees about travel safety.

When travel to avian flu-affected areas cannot be postponed, employees should be trained about the risks of exposure and how to reduce chances for infection.

Shots should be up-to-date before departing, travelers should be advised to take basic first-aid and medical supplies and review their health plans for medical evacuation coverage. It is very important to identify in-country health care resources *before* leaving the United States. After returning, travelers should monitor their health for ten days and if they become ill they should immediately see a health care provider and report their recent travel. Employers should also emphasize that workers should stay home if they are sick so that they will not infect others.

What are the legal implications?

Employers should also use common sense to respond to suspected and confirmed cases of infectious disease. The ADA in particular has exceptions that govern situations where someone poses a “direct threat” to workplace safety. Still, employers must avoid violating federal and state employment laws — particularly those protecting employee medical information and prohibiting discrimination on the basis of a perceived disability.

An employer may require workers who are at a higher risk for avian flu, or who exhibit avian flu symptoms, to obtain a medical certification before returning to work. Wage and hour laws may present challenges for employers who prohibit employees from returning to work after traveling to avian flu-affected areas — particularly in cases where workers are being asked to stay home. When affected employees are represented by a union, an employer may have a duty to consult with the union before implementing protective measures.

Should you need to take immediate action, workers should be given time off with pay if they are required to stay home due to avian flu concerns. Use reasonable care to ensure that workers are treated fairly, that their privacy rights are respected, and you should document the basis for your actions.

President Bush Touts HSAs

More than three million people have signed up for health savings accounts (HSAs) and President Bush says he would like to see that number increase. In his state of the union speech, Bush proposed that Congress approve additional tax incentives for HSA participants and allow workers to take the coverage with them as they change jobs.

Among other suggested HSA changes, the President said he would like to see consumers authorized to put enough money in HSAs to cover *all* health care costs — eliminating current annual funding limits. This change would allow HSA users to set aside more money tax-free.

Bush also seeks to make the accounts more attractive to the poor by proposing refundable tax credits. A family of four making \$25,000 or less would be able to get a refundable credit of \$3,000. This money would allow the family to buy a competitive insurance plan and put as much as \$1,000 into an account for routine medical expenses. The President also supports allowing employers to make higher contributions to health savings accounts for the chronically ill. Under current law, employers must contribute the same amount to each employee’s account.

Senator Mike Enzi (R-Wyo.), chairman of the Senate Health Committee, said he would work to move changes to health savings accounts through the committee this year. Enzi also said he believed that changes designed to make the accounts more attractive to low-income families would “build acceptance from both sides of the aisle.”

New Tax Breaks for Medical Expenses?

According to the *Washington Post*, in his 2007 fiscal budget plan President Bush intends to propose new specialized tax deductions designed to help Americans pay for their out-of-pocket medical expenses. Under current rules, Americans can only deduct medical expenses from their taxes if these expenses exceed 7.5 percent of adjusted gross income. Bush's plan would also expand health savings accounts and allow workers to maintain their current insurance policies even if they change jobs or start their own businesses.

Some proposals that did not make it through Congress in 2005 are back, including stricter medical malpractice limitations and allowing small businesses to form a group in order to buy insurance coverage for workers.

It is unclear whether the administration has enough Congressional support to pass any of its initiatives. Many Democrats have expressed dissatisfaction because the proposals are not considered broad enough, while some Republicans have voiced budgetary concerns.

HSAs: Banking Industry Favorite

Health Savings Accounts (HSAs) were introduced in 2003 to increase consumer awareness about the cost of health care and to promote consumer choice. HSAs are set up through a bank or other investment institution and allow consumers to invest their own money (or their employer's HSA contributions) in an account that allows the money to grow tax-free. The HSA funds may be used for all deductible medical and long-term care expenses and are a growing feature of many employer group health benefit plans.

Under current rules, HSAs are only available to employees who also elect a high-deductible health plan option with accompanying deductibles and out-of-pockets that are higher than other benefit options.

A recent survey from America's Health Insurance Plans indicates that over three million Americans have now signed up for high-deductible health plans (HDHPs). The President's plan to expand the tax incentives associated with these accounts, if enacted, will broaden the appeal of HSAs. The insurance industry expects that the popularity of HSAs will cause a sharp increase in the number of participants choosing to be covered by an HDHP. By 2010, it is estimated that more than 15 million Americans will have HSAs: a conservative number compared to the Bush administration's prediction of 20 million. Looking ahead, some experts project that future HSA participants will be in the range of ten to 15 percent of all insured individuals.

All of this attention is likely to put an additional \$75 billion into HSAs — an amount that has stirred considerable attention from the banking industry. Two years ago, not one major bank offered an HSA account; nationwide, less than ten small banks offered an HSA option. Today, more than 300 businesses in the banking industry offer HSAs, with about 150 more businesses preparing to accept HSA contributions. Interestingly, some of the largest health insurance providers have started their own banks to handle HSAs.

Although the Bush administration believes that HSAs provide real benefits for health care consumers — banks and insurance companies are poised to reap benefits as well. In an economy where interest rates are rising, the income from HSAs promises steady income. For example, most banks charge \$50 — \$75 to establish an HSA account, plus an annual \$50 maintenance and service fee.

The wave of interest in HSAs extends from small employers to large ones like Wal-Mart. It appears that HSAs, playing a pivotal role in “consumer-directed health care,” are here to stay.

Strong-Arm Tactics to Enforce Medicare

Many plan sponsors have reported being on the receiving end of a stern collection letter, or worse, due to alleged violations of the Medicare Secondary Payer rules. The letters generally indicate that because Medicare paid for medical expenses instead of the employer-sponsored plan, the plan is expected to reimburse the government. One employer notes that it received a collection letter despite that fact that its plan properly paid — apparently the government had mistakenly paid as primary and consequently the health care provider received *two* primary payments. This simple mix-up generated a stream of collection letters and a real headache for the employer.

Why is this happening? In an effort to collect the overpayments, Centers for Medicare and Medicaid Services (CMS) hired outside collection agencies which have been extremely aggressive about collecting the “debts.” One employer reports receiving calls from an agency representing the government on his cell phone. Another employer enlisted its TPA to help, however, CMS refused to deal with the TPA.

We have been told that CMS is aware of the problem and wants to handle these issues in a professional and appropriate manner. If you have experienced anything like that mentioned above, please contact us so that we can pass along information to the American Benefits Council. (The American Benefits Council is a well respected lobbying organization representing employers on benefit-related issues in Washington.) In turn, we will work to have CMS make sure this collection activity is well managed.

Where There’s Smoke You’re Fired

USA Today reports that in the states where legally possible and where it maintains operations, Scotts Miracle-Gro Company will require smokers to quit smoking by October or lose their jobs. Scotts’ chairman and chief executive stated, “We’re being as aggressive as the law will allow us.”

The Scotts Company employs 6,000 employees in the United States and overseas. They are joining other companies targeting smokers to cut health insurance costs, some of whom are requiring higher premiums or not hiring smokers. Beyond controlling health care costs, Scotts says it adopted this rule because it wants workers to have healthy lifestyles and to maintain a healthy work environment.

Reflective of this position, the company recently opened a \$5 million fitness and medical facility. They are also offering free counseling, nicotine patches, and classes on quitting for workers who smoke. In addition, this year the company will require higher premiums of all workers who refuse to take a health risk assessment survey. In 2007, premiums will rise for workers participating in the Scott’s group health plan who do not follow doctor recommendations to improve their health.

Fair Share Health Care Fund Act

In January 2005, Maryland lawmakers reversed Governor Bob Ehrlich’s (R) earlier veto of Senate Bill 790 (SB 790), also known as the *Fair Share Health Care Fund Act*. This law requires Maryland employers with more than 10,000 employees to spend at least eight percent of their payroll on health benefits (six percent for nonprofit organizations). Proceeds from fines coming from violations will be used to fund the state’s health program for the poor.

Proponents of the law argue that the measure is an attempt to stem the tide of ever-increasing Medicaid costs. It has been widely reported that only four employers in Maryland have more than 10,000 employees — and that only one of those employers (Wal-Mart) does not currently meet the eight percent threshold. The law has a January 1, 2007 effective date.

Legislators in several other states have proposed similar bills in the past year, and more are expected to introduce legislation in 2006. These mandates have generally failed, but the recent enactment of the Maryland law may jump-start similar bills in other states.

Although approved by the state legislature, the Maryland law may still be challenged and possibly overturned before its effective date. Legal challenges will move through the courts where the central claim typically involves ERISA. ERISA contains a broad provision that overrides those state laws that touch on the subject of employee benefits or that require employers to take certain benefit actions (an exception applies to ERISA which allows states to control insurance carriers — thereby indirectly affecting employers that purchase insured policies). Experts on both sides of the new law are weighing in on the issue of ERISA preemption.

According to the January 9, 2006 opinion of Joseph Curran (D), Maryland's Attorney General, the *Fair Share Act* is not preempted by ERISA because the law does not specifically refer to or regulate employee welfare benefit plans. Curran's rationale relies on the idea that despite the law, the employer is still free to choose to spend no percent of its payroll on health-related expenses for its employees and just pay the resulting assessment.

If viewed as a non-insurance mandate on an ERISA plan, Wal-Mart should be able to rely on the ERISA preemption to strike down the Maryland law. If it is viewed as a payroll tax, it is quite possible that the law may survive an ERISA preemption challenge.

It is expected that many legislatures intending to propose similar bills will use the Maryland law as a model since it has met with legislative success. Although Maryland's law as currently written impacts very few employers, opponents have argued that it could be just the starting point for the enactment of more expansive legislation that will eventually affect smaller businesses. Given the magnitude of this type of legislation and the impact it could have on employers, we will continue to monitor the situation.

Simpler Safety Rules for Some Employers

The *New York Times* reports that Congress is considering legislation that would relax occupational safety and health standards for small businesses. Although unions say that the federal Occupational Safety and Health Administration (OSHA) prevents many workplace accidents and fatalities, many small-business owners believe it only decreases efficiency without a marked improvement in safety.

Legislation proposed by Senator Mike Enzi (R-Wyo.) of the Health, Education, Labor and Pensions Committee would encourage small businesses to come up with their own safety programs by simplifying the requirements for communicating hazards to workers and allowing employers to hire outside safety consultants. Opponents are concerned that the legislation assumes that workplace safety is no longer a major problem. Opponents of the proposal also note that although workplace-related injuries and deaths have generally declined over the past decade, they have increased for certain groups such as Latinos. Thereby underscoring the need for continuing strong standards.

Uninsured Are Uninterested in New Health Plans

Several of the country's largest employers have joined together to launch National Health Access (NHA). Organizers state that the group will eventually provide more than one million workers and their dependents with the opportunity to obtain affordable health care coverage. Avon Products, Inc., IBM, Sears, and General Electric are among the first NHA participating employers. Available plan choices include discount programs, as well as a variety of health insurance options including major medical coverage.

By pooling eligible workers from large businesses, companies hope to use their purchasing power to get insurance rates and terms that are more favorable than what workers would obtain individually. However, according to the *Wall Street Journal*, the reality is that the initial offering of cheaper insurance to these workers has not resulted in many takers — with only about 5,000 applying so far.

It suggests that low-cost products offered by the program may not appeal to workers. Specific complaints mention high-deductible health care plans and discounted medical service plans. Supporters of the program acknowledge the lukewarm initial response and expect better results next year after products are reexamined and re-designed and an improved marketing strategy is developed.

High Use Equals High Cost Health Care

President Bush's director of the *National Economic Council*, Allan Hubbard, recently expressed his thoughts about escalating health care costs. Hubbard noted that the largest factor behind increased health care costs is public perception that health care is free.

In comments to the publication *HealthBeat*, Hubbard said that U.S. residents overuse health care services because traditional health insurance covers most of the cost. He added that a proposal by President Bush to expand health savings accounts, which seek to make individuals more responsible for their health care spending, would ultimately work to reduce overall costs.

Hubbard also addressed concerns that only higher-income individuals will enroll in HSAs. According to Hubbard, the high-deductible health plans associated with HSAs are less expensive than generally available health insurance and should enjoy wide appeal once the public develops a better understanding of the concept. About three million U.S. residents have enrolled in HSAs, and Hubbard notes that the Bush proposal projects enrollment of as many as 20 million Americans by 2010.

Since You Asked: How Long Must Records Be Kept?

With the DOL applying a broad focus of review during its compliance audits, employers often ask questions about their benefit recordkeeping. The following article summarizes key compliance requirements from a benefits perspective, and suggestions for a strong retention practice.

Record Retention

ERISA requires that plan administrators maintain records justifying the information in any report that must be filed for an employee benefit plan. This information must be maintained for at least six years *after* the filing date of the plan. (*As a practical matter, this really represents an ERISA obligation to hold records for seven years — six years plus one additional year to reflect the current plan year period of operation.*) Other ERISA provisions, such as those dealing with the breach-of-fiduciary duty rules, also suggest a minimum six-year recordkeeping period.

The Internal Revenue Code also includes various recordkeeping requirements, generally indicating that records related to payroll and group health plans should be maintained for three to four years. Absent any longer limits that might potentially apply under state law, employers should keep documents for at least the ERISA recordkeeping period.

COBRA Compliance

A separate but related recordkeeping issue relates to an employer's COBRA obligations. COBRA's statutory language does not specifically address how long COBRA records must be kept. However, employers who are subject to ERISA can look to the general ERISA recordkeeping rules for some guidance.

Keeping COBRA records longer than the ERISA mandated period is wise because there is no fixed rule on how long a person has to bring a COBRA claim. Most experts and court cases suggest that a claim must be brought within the time period outlined under state contract laws. Absent any longer state limits, employers should keep COBRA-related documents for at least as long as ERISA documents.

Employers, or plan administrators, must keep everything relevant to establishing or supporting COBRA compliance. As a practical matter, that may not always be feasible. A typical list for each participant would include the following records:

- Date of birth, date of hire, and date of initial plan eligibility.
- Date of plan enrollment and type of coverage.
- Loss of coverage date, and dates of other events affecting the period of coverage continuation.
- Copies of all COBRA notifications (and proof of mailing and other documentation of receipt for the initial notice). Contrary to popular belief, certified mail is not specifically required for sending COBRA notices. In fact, we generally advise against using certified mail because of the inevitable risk of inadvertently proving that a qualified beneficiary never receives his notice. Instead, first class mail, coupled with proof of mailing, offers more than adequate delivery documentation.
- Original COBRA election forms.
- Claims-related forms.
- Dates and amounts of premium payments received.
- Letters rejecting COBRA coverage.
- Postmarked envelopes relating to correspondence from qualified beneficiaries.

A crucial aspect of COBRA compliance is that employers and administrators must be able to demonstrate that COBRA notifications were adequate and sent on time. Unfortunately, employers will find the volume of records that must be kept can quickly create storage and retrieval problems.

Employers or administrators might consider contracting for some acceptable alternative means of storage or using a third-party record keeper to maintain hard copies of all COBRA-related documents for a required period. This may be preferable to administering COBRA in-house with related recordkeeping costs, as long as the employer can be assured that the records can actually be retrieved when needed.

Maintenance Formats

No uniform standard format exists for retaining benefit-related documents. The easy answer is to keep originals of everything. Given space constraints this is often not feasible. An alternative is to maintain hard copies of current documents (three years or so) with adequate copies (e.g., microfilm) maintained for longer periods.

Some employers and administrators will keep records on microfiche, microfilm or by computerized methods. All of these methods are generally permissible under ERISA and the tax code. As a practical matter, the employer should maintain the information in a manner that can be easily retrieved. Information kept in computer form (database programs or computer listings), should also have documented procedures to demonstrate how information accuracy is ensured. Even “secure” computer systems can sometimes be compromised; consequently, some courts may view such records as less credible than hard copy documents.

Penalties

The DOL has indicated that the penalty for a failure to maintain records for the six-year ERISA period may vary depending on the facts of the particular case. Employers should also note that ERISA penalties can be applied by a court, in its discretion, when a COBRA notice is not provided or a plan administrator does not respond to a participant’s request within 30 days. Courts will often impose a per-day penalty under the statute, but they will usually reduce it from the maximum \$110 for each day of the failure to a more modest, but still painful, amount. Additionally, an excise tax of \$100 per day may be awarded.

An employer’s records and preparedness in the event of a lawsuit by an employee could drastically affect the court’s perception of employer practices. The absence of adequate records may also be used in determining an employer’s bad faith when a court assesses damages and attorney’s fees. Conversely, easy retrieval and organized documentation gives weight to the employer’s presumed compliance with the full range of COBRA requirements.

Issue Spotlight: Common Costly HR Mistakes

Failure to maintain a fully compliant human resources (HR) department can produce disastrous results for your company. Twenty percent of all federal lawsuits are employment based. In recent years the average amount awarded to successful plaintiffs who sued their employers exceeded \$500,000. The average cost to defend an employment litigation case is \$75,000.

There is also an emotional toll that litigation takes on management and employees, not to mention the irreparable harm a negative verdict or a large settlement can have on a company’s reputation. One way to minimize the risks of employment lawsuits and financial exposure is to recognize some common mistakes that lead to litigation.

Lack of Training

The courts have made clear that training in essential HR areas is no longer a best practice — it is a requirement. In fact, the United States Supreme Court has imposed on employers the duty to take positive steps to prevent and promptly correct sexually harassing behavior. Moreover, individual states have begun passing laws that require mandatory training of supervisory employees in key areas such as sexual harassment prevention.

Failing to train your employees because it might be considered too time consuming is shortsighted. Having to defend a lawsuit is much more time consuming than the hours required for compliance training. In fact, the decrease in risk associated with compliance training is a valuable way to spend your money. Supervisors must be trained in essential HR skills as well as operational policies and procedures.

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Inconsistent Treatment

It is critical that the company consistently apply its policies. As a general rule, unlawful discrimination occurs whenever someone is treated differently based on a legally-protected class. Among the classes protected by federal law are race, color, religion, gender, national origin, age, disability, ancestry, citizenship and military veterans. Inconsistent treatment of similarly situated employees significantly increases the risk of employment discrimination claims. Even if the claim has no merit, it still may cost the company significant money in legal fees to defend the claim.

Failing to Identify and Promptly Investigate Problems

Employers who ignore a problem and hope that it goes away on its own not only significantly increase their exposure to litigation, but also face productivity and performance issues. Unless the employer intervenes, problems rarely go away on their own.

Failing to address substandard performance can lower overall performance standards and incorrectly let employees believe that they are meeting the company's expectations. In terms of inappropriate conduct, failing to recognize and take prompt remedial action often results in a claim of discrimination or harassment.

An employer has a duty to provide workers with a workplace free from unlawful discrimination and harassment. When an employer knows of improper conduct in the workplace, (or reasonably should have known), it has a duty to promptly investigate the matter. Although no one can prevent someone from filing a frivolous lawsuit, failure to investigate allegations of inappropriate conduct invites a victim to sue the company. Inappropriate action taken as a result of an inadequate investigation (e.g. the proverbial slap on the wrist) also increases the risk of litigation. For example, an executive at one prominent oil company was awarded damages after claiming and proving that his employer's sloppy and poorly organized investigation failed to reveal that sexual harassment allegations against him were false. Prompt, professionally-conducted and thorough investigations, followed by appropriate corrective action, can help to discourage frivolous lawsuits and can position a company to successfully present a defense.

Failing to Document Poor Performance

It is critical that employers document performance issues in writing and create a "paper trail." Failure to document employment issues leaves a company with little concrete evidence to support their employment decision. Proper documentation can demonstrate that an employee was aware of a work rule and the possible ramifications for violating that work rule. If a work rule is consistently applied and performance issues appropriately documented, it can be difficult for an employee to challenge the employer's actions.

Improper Maintenance of Personnel Records

Personnel systems that comply with the recordkeeping, access, disclosure, and confidentiality requirements of federal and state law are the backbone of good human resource management. Employers that improperly gather or maintain information about employees in their record systems run the risk of costly legal liability. An employer's exposure to such liability is particularly acute when a breach of confidentiality involves improper access to information in an organization's human resource files.

Employers are subject to numerous state and federal laws and regulations that control the handling employee medical information. Federal laws generally treat medical records as confidential and require employers to maintain such information in separate files for each individual employee, with strict controls over access, disclosure, and use of such information. Many states, likewise, grant workers the right to

privacy in their medical records, and employers cannot ordinarily reveal such information without a worker's written consent.

Employers have become increasingly embroiled in privacy-related legal disputes over the content, use, or release of personnel information that workers view as harmful, inappropriate, or embarrassing. Employers typically risk legal liability for invasion of employee privacy when they:

- Collect or maintain private information that is not reasonably related to a legitimate business or management objective;
- Release inaccurate information from a personnel file that subsequently has a detrimental effect on the employee; or
- Disclose sensitive personal information, such as medical records, without the employee's consent or to individuals or organizations that have no right or need to know.

An effective policy typically focuses on:

- Informing employees about the kinds of records that are maintained;
- Outlining procedures for employees to access and correct their records;
- Establishing protections and procedures to ensure the confidentiality of records; and
- Responding to external requests for information or other third-party inquiries only on a need-to-know basis.

Even the best employers face employment claims. Adopting a risk management approach to HR by incorporating preventive practices can minimize or eliminate many lawsuits. Training your workforce, consistently applying your workplace practices, identifying and promptly investigating problems early, documenting performance issues, and promptly maintaining personnel records can go a long way towards preventing costly employment related claims.

U.S. Benefit Office Locations

Anchorage, AK (907) 562-2266	Atlanta, GA (404) 224-5000	Austin, TX (800) 861-9851	Baltimore, MD (410) 527-1200
Birmingham, AL (205) 871-3871	Boise, ID (208) 340-0645	Boston, MA (617) 437-6900	Cary, NC (919) 459-3000
Charlotte, NC (704) 376-9161	Chicago, IL (312) 621-4700	Cleveland, OH (216) 861-9100	Columbus, OH (614) 766-8900
Dallas, TX (972) 385-9800	Denver, CO (303) 218-4020	Detroit, MI (248) 735-7580	Eugene, OR (541) 687-2222
Farmington, CT (860) 284-6137	Florham Park, NJ (973) 410-1022	Ft. Worth, TX (817) 335-2115	Grand Rapids, MI (616) 954-7829
Greenville, SC (864) 232-9999	Houston, TX (713) 625-1023	Jacksonville, FL (904) 355-4600	Knoxville, TN (865) 588-8101
Las Vegas, NV (702) 562-4335	Long Island, NY (516) 941-0260	Los Angeles, CA (213) 607-6300	Louisville, KY (502) 499-1891
Memphis, TN (901) 248-3100	Miami, FL (305) 373-8460	Milwaukee, WI (414) 271-9800	Minneapolis, MN (763) 302-7100
Mobile, AL (251) 433-0441	Mountain View, CA (650) 944-7000	Naples, FL (239) 514-2542	Nashville, TN (615) 872-3700
New Orleans, LA (504) 581-6151	New York, NY (212) 344-8888	Omaha, NE (402) 778-4851	Orlando, FL (407) 805-3005
Philadelphia, PA (610) 964-8700	Phoenix, AZ (602) 787-6000	Pittsburgh, PA (412) 586-1400	Portland, OR (503) 224-4155
Roswell, NM (505) 317-3397	St. Louis, MO (314) 721-8400	San Diego, CA (858) 678-2000	San Francisco, CA (415) 981-0600
San Juan, PR (787) 756-5880	Seattle, WA (206) 386-7400	Spokane, WA (206) 386-7400	Tampa, FL (813) 281-2095
Washington, DC (301) 530-5050	Wilmington, DE (302) 477-9640		

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