

## NEWS

### MORE STATES LEGALIZE SAME-SEX MARRIAGE

**Vermont** recently became the fourth state in the nation to legalize same-sex marriage and the first state to do so by statute, overriding a veto from Governor James Douglas (R). (In Vermont, a bill needs two-thirds majority support in each chamber to override a gubernatorial veto.) Therefore, in the near future (the statute takes effect September 1, 2009), Vermont employers can probably expect an increase in requests for spousal benefits coverage. The act can be found [here](#).

**Maine** has become the fifth state in the U.S. to allow same-sex marriages. The governor signed the bill approved by the state’s House and Senate. This law will allow same-sex couples to marry and have the same rights and responsibilities under state law as opposite-sex couples who marry. The bill does not compel religious institutions to recognize same-sex marriage. The law is supposed to become effective 90 days after the end of the legislative session in June, but supporters of traditional marriage are working to organize a veto campaign that would put the matter to a statewide vote in November.

**Iowa** has also moved to legalize same-sex marriage. In **Varnum v. Brien** \_\_\_ N.W.2d \_\_\_, No. 07-1499 (**Ia. 2009**), the Iowa Supreme Court ruled that an Iowa statute (Iowa Code §595.2) limiting civil marriage to a union between a man and a woman violated the equal protection clause of the Iowa Constitution. Two other states that permit same-sex marriage – Massachusetts and Connecticut – were also decided by the states’ high courts.

**California.** Although the California Supreme Court recently upheld Proposition 8, which amended the California Constitution by defining marriage as only applying to opposite-gender couples, the court chose not to apply the proposition retroactively, thereby validating approximately 18,000 same-sex marriages that were performed before Proposition 8 took effect.

See **Willis HRH EB Alert, Issue 114** on civil unions, same-sex marriage and related issues.

For information about the situation in California, click [here](#) and [here](#).



#### NEWS

More States Legalize Same-Sex Marriage	1
Government Seeks Public Comment on Mental Health Law	2

#### WELLNESS WORKS

Weight Matters!	2
Increasing Access to Weight Management Tools and Resources	3

#### LEGAL & COMPLIANCE

HIPAA Privacy Anniversary	4
Minnesota Mandates Cafeteria Plans (But Not Really)	5
Wellness Programs - Employers Get a Nudge	5
DOL Unveils COBRA Appeals Process	6
Spotlight: Health Care Reform Is Coming, but What Will It Look Like?	6
EEOC Moves to Oppose Mandatory HRA Screenings	8

#### SINCE YOU ASKED

Re-Enrolling After Waiving Health Coverage	9
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#### HR CORNER

Reference Checks: Loose Lips Can Lead to Lawsuits	10
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WEBCASTS & EVENTS	11
-------------------	----

CONTACTS	12
----------	----

# GOVERNMENT SEEKS PUBLIC COMMENT ON MENTAL HEALTH LAW

Last year, President Bush signed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). MHPAEA applies to all ERISA plans, as well as to public sector and church plans (although self-funded non-federal governmental plans have an opt-out opportunity). The law also applies to self-funded and insured plans. For insured programs, state laws concerning mental health parity continue to apply to the extent that they afford stronger protections and do not otherwise circumvent federal law. The MHPAEA is effective for plan years beginning after October 3, 2009.

The MHPAEA expands existing law in a number of key ways:

- Requires parity for substance abuse disorder benefits along with mental health benefits.
- Applies parity not only to annual and lifetime dollar limits but to financial requirements as well; requirements such as deductibles, co-insurance and treatment limitations, so that they are no more restrictive than predominant requirements or limitations applied to substantially all medical and surgical benefits covered by a plan.
- Treatment limitations (such as those that dictated the frequency of treatment, number of visits, days of coverage, or other similar non-dollar restrictions) that were permitted under earlier versions of the law are no longer acceptable.

The law is slated to go into effect without regard to whether implementing regulations are in place or not. Regulatory work is well underway, as demonstrated by a recent joint announcement by the

U.S. Departments of Labor, Treasury and Health and Human Services of a publication of a request for information (RFI) soliciting public comments in advance of rulemakings on group health plans.

The RFI seeks public comments on such issues as the:

- Types of financial requirements or treatment limits plans currently impose
- Terms in the statute that require additional clarification to facilitate compliance
- Current disclosure practices by plans regarding determinations of medical necessity and denials of mental health benefits
- Current practices regarding out-of-network coverage for mental health benefits

Written responses to the MHPAEA RFI may be addressed to the U.S. Department of Labor, Office of Health Plan Standards and Compliance Assistance, Employee Benefits Security Administration, N-5653, 200 Constitution Avenue N.W., Washington, D.C. 20210, Attn: MHPAEA Comments. The public also may submit comments by email to [E-OHPSCA.EBSA@dol.gov](mailto:E-OHPSCA.EBSA@dol.gov) or through the federal e-rulemaking **portal**.

## WELLNESS WEIGHT MATTERS!

According to the CDC, over 60% of Americans are overweight; over 30% are obese. The increase in obesity rates in recent years is startling, and research indicates that with increased weight comes corresponding increases in health risks. Excess weight and obesity contribute \$93 billion to the nation's annual medical bill. Proper nutrition and weight management have become serious business issues due to the impact that weight has on so many subsequent health risks and health care costs. All employers can benefit from making environmental improvements to support optimal health and by offering ongoing initiatives that support healthy eating and healthy weight.

*Access* and *awareness* should be the watchwords of any employer wishing to encourage weight management at the worksite through the promotion of healthy eating habits and increased physical activity.



## INCREASING ACCESS TO WEIGHT MANAGEMENT TOOLS AND RESOURCES

A simple way to encourage physical activity at the worksite is to begin a company-sponsored walking program that can be done during working hours, such as lunchtime. Any ongoing aerobic activity sustained for a minimum of 45 minutes encourages weight loss. Because walking is an inexpensive activity and the most popular leisure time activity in North America, it is more likely to attract a higher level of participation than any other physical activity program. A company-sponsored walking program not only encourages and supports weight management, it is also inexpensive, easy to facilitate, and nearly every employee can participate.

Healthy eating also has a significant impact on an individual's ability to maintain a healthy weight, and eating fruits and vegetables helps those wanting to lose weight stay on track. A 2004 study showed that participants who ate five or more servings per day of fruits and vegetables were twice as likely to stick to their physical activity and nutrition goals. One of the simplest ways to encourage your employees to make healthier food choices is to increase access to healthy items. A few simple options include making fresh fruit available in break rooms, offering healthy items in vending machines and increasing low-fat and low-sodium options in the employee cafeteria.

To further support weight management at the worksite, here are a few web-based community resources to encourage weight management:

### WILLIS HRH BIGGEST LOSER LEAGUE

An online community of like-minded individuals engaged in changing behaviors related to diet and exercise. The **Winning With Willis** site employs a fresh social community approach to help online members share their progress and challenges in the same way as shown on *The Biggest Loser* television show. In addition, Willis HRH has created promotional items, such as posters, post cards and team challenges to promote healthy weight management at the worksite.

**NUTRITION.GOV** Provides easy, online consumer access to government information on food and nutrition. A service of the National Agricultural Library, U. S. Department of Agriculture, the **site** includes information from My Pyramid.gov, which provides a menu planner, 2010 Dietary Guidelines, and dietary resources for new mothers, preschoolers and children. Nutrition.gov also provides successful weight management strategies, several interactive tools, and education and information on meal planning, healthy recipes and physical activity

**THE AMERICAN HEART ASSOCIATION** Another long-standing community resource that contains a Healthy Lifestyle section encompassing diet, nutrition and weight management information. The AHA offers a no-cost 12-week physical activity campaign for women in addition to a Start Walking! campaign for all employees to encourage physical activity at the worksite. Free guides and promotional materials can be found **here**.

### NATIONAL HEART, LUNG AND BLOOD INSTITUTE

Many free downloadable resources, such as fact sheets on lowering blood pressure and healthy eating, DASH recipes, heart-healthy recipes and an obesity education initiative that includes an interactive menu planner. Also available: "Aim for Your Healthy Weight," information on assessing and controlling weight. **Click here** to access.

### FRUITS AND VEGGIES MATTER

Formerly the "5-A-Day Program," this **site** encourages people to eat the recommended servings of fruits and vegetables each day with programs that are fun, easy and free!

# LEGAL & COMPLIANCE

## HIPAA PRIVACY ANNIVERSARY

The U.S. Department of Health and Human Services Office for Civil Rights (OCR) recently recognized another HIPAA Privacy Rule birthday by updating and expanding its official **website**. The website can serve as an important resource for those in the health care industry. In addition to providing comprehensive information on federal rights and requirements around the protection and control of personal health information, the site also includes information on compliance and enforcement efforts.

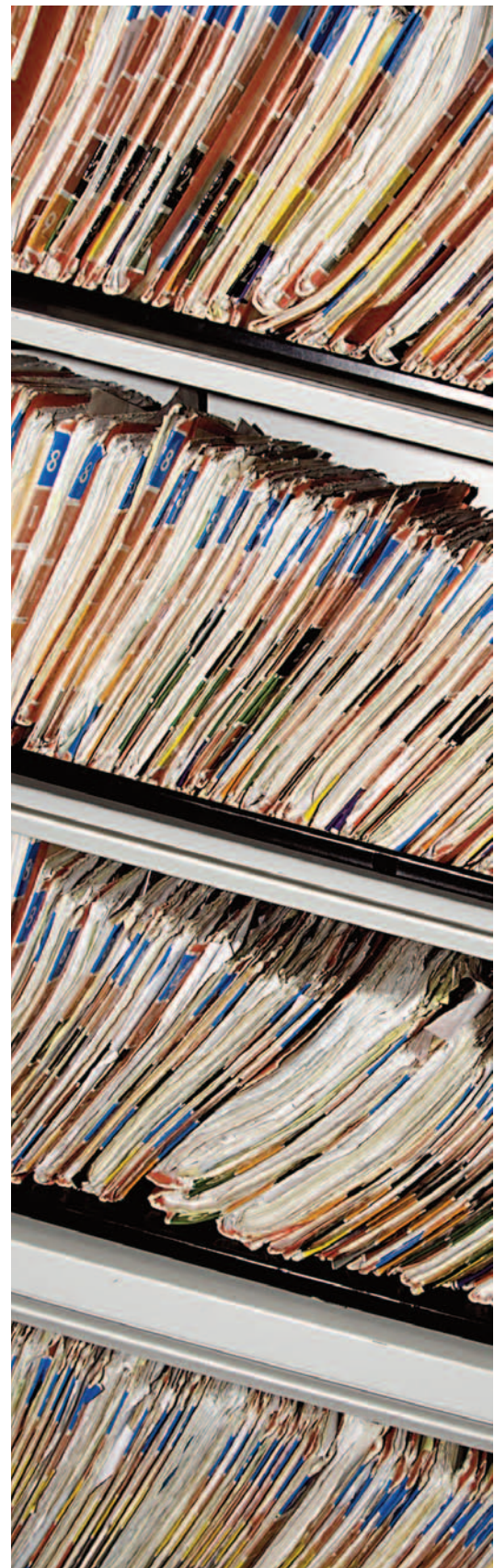
Since the compliance date (April 14, 2003), HHS has received more than 43,000 HIPAA Privacy complaints. HHS resolved approximately 80% (37,116) of complaints received: 8,212 through investigation and enforcement, 4,102 through investigation and finding no violation and 24,802 through closure of cases that were not eligible for enforcement. Nearly 500 investigations have led to criminal prosecution by the Department of Justice.

The top five complaints relate to:

- Impermissible uses and disclosures
- Adequacy of safeguards
- Access
- Notice
- Use of more than “minimum” necessary

The anniversary of the HIPAA Privacy Rule’s effective date calls to mind the three-year reminder notice. The HIPAA Privacy Rule requires that health plans remind participants of the availability of the Notice of Privacy Practices every three years at a minimum. Although the law stipulates a three-year reminder cycle, Willis HRH suggests that plan sponsors subject to the rule offer the notice annually to ensure that it is never overlooked. (See a reminder about this obligation in last month’s edition of HRFocus.)

If the plan sponsor modifies the notice, thereby triggering an update to participants, the three-year notice schedule adjusts accordingly. (Another reason annual notices are arguably better.) Remember: no matter how a health plan chooses to deliver this triennial reminder notice, it must be prepared to demonstrate compliance.



# MINNESOTA MANDATES CAFETERIA PLANS (BUT NOT REALLY)

Effective July 1, 2009, Minnesota will join Connecticut, Massachusetts, Missouri and Rhode Island in requiring certain employers to offer employees a cafeteria plan – sort of. The mandate requires employers with 11 or more full-time equivalent employees *that do not offer employees health benefits* to establish a cafeteria plan for the benefit of their employees. This means employers that offer their employees a group health insurance plan, or that provide health coverage through a self-insured plan, are exempt from the law. Even those that do not offer health coverage have a way out. The employer can opt out of the cafeteria plan requirement by certifying to the Commissioner of Commerce that it has received instruction and information on the advantages of cafeteria plans and has chosen not to establish one. The opt-out form can be accessed [here](#).

The law does not require that employers offer or contribute to health insurance benefits but only establish and maintain a cafeteria plan so their employees can purchase coverage with pre-tax dollars.

Due to the law's exemptions, it is unlikely to affect many employers. The opt-out allowance will further reduce its impact. Given the current push in many states to enact broad legislation affecting employers and their employee benefits plans, the narrow scope of the Minnesota requirement is unusual. They may have been attempting to avoid ERISA preemption issues. In any case, most employers will be glad to know that this is one state mandate they do not have to worry about.

# WELLNESS PROGRAMS – EMPLOYERS GET A NUDGE

U.S. Senators Tom Harkin (D-Iowa) and John Cornyn (R-Texas) have reintroduced The Healthy Workforce Act of 2009 (S. 803) – legislation designed to make wellness and prevention part of the national discussion on health care reform.

According to a news release on Senator Harkin's website, The Healthy Workforce Act would provide a tax credit to companies offering effective and comprehensive wellness programs. The legislation would give businesses a credit for incorporating “sound” employee health management practices into their plan design and would ease barriers for both small and mid-sized employers to invest in wellness initiatives.

To receive the credit, programs would have to include such components as health risk assessments, health awareness and behavior change programs, meaningful incentives for program participation, and an employee committee that tailors programs to meet workforce needs.

Harkin's press release stated, “Health reform will not be complete without prevention and wellness being a centerpiece for fixing this broken system, the lifesaving and cost-saving benefits have been proven in study after study...Employer spending on health promotion and chronic disease prevention is a good investment.”

The Healthy Workforce Act has appeared on Capitol Hill twice before and been defeated each time. Now, however, with Democrats holding Congress and the White House, this bill has a stronger chance for enactment.



# DOL UNVEILS COBRA APPEALS PROCESS

As we have reported in a variety of Willis HRH publications, the American Recovery and Reinvestment Act (ARRA) included a temporary subsidy of COBRA for individuals involuntarily terminated from employment on or after September 1, 2008 through December 31, 2009. ARRA requires the DOL to complete an expedited review of cases where ex-employees are denied the subsidy but feel they are owed it, and now the DOL has issued a form ex-employees must use in the appeal process. The form is available by [clicking here](#). The press release announcing the form notes that individuals seeking a review must submit the department's appeal form to begin the review process. ARRA mandates DOL review of ex-employee appeals within 15 business days of official receipt of the form – an unusually quick turnaround time for government agencies.

The form is called the Application for Review of Denial of COBRA Premium Reduction. Much speculation has centered on the form, and it is no surprise that the DOL form emphasizes who should not be using the appeals process. The strong language, which is expected to help shield the DOL from frivolous appeals, should presumably also work to the advantage of employers who may be shielded from appeals lacking genuine merit.

The form instructions list documentation that could assist the DOL in making its determination: for example, the applicant's COBRA election notice, insurance card, payroll stubs, any documentation detailing the date and circumstances of the termination, or any documentation the applicant was provided regarding the denial of the premium reduction.

## APPEAL PROCESS

According to the announcement, through the following steps, applicants can submit the completed application online, by mail or fax.

- **Click here** to download the application or complete it online.
- Answer the form's eligibility questions to the best of your knowledge.
- Attach any documents relevant to the department's review of the application.
- Include complete contact information (e.g., daytime phone number, an alternate phone number and an email address, if available).
- Complete separate applications for any family member whose plan information is not identical to the information provided by the filing applicant.
- Keep a copy of the application and all original supporting documentation.

Individuals requiring assistance may also contact EBSA at 1 866 444 3272 or use the DOL's dedicated online [link](#).



## SPOTLIGHT: HEALTH CARE REFORM IS COMING, BUT WHAT WILL IT LOOK LIKE?

The appetite for health care reform is so overwhelming that the government will successfully pass major legislation either this year or next, according to a growing number of Capitol Hill observers. A turning point may have come in May, when health care industry representatives announced that the industry was planning to make every effort to work with the Obama administration and Congress to drive reform efforts in a form they considered acceptable. Fewer pundits predict a repeat of the Clinton reform effort that foundered in the early 90s. This leaves the big question: what will health care reform look like?

Many groups are hoping to play a part in shaping that outcome and are already pushing to make their voices heard and protect their interests. No firm plans have so far been proposed.

Three of the leading parties in the debate, the Obama administration, Congress and the employer plan community (including employers and plan providers) all have begun to outline their goals. Some overlap, some conflict. The following summary of these goals may be a useful guide to what the ultimate plans may include and where the conflicts may lie.

## OBAMA ADMINISTRATION GOALS AND OPTIONS

The ultimate goal is universal coverage, and the cost estimates associated with that target are comparably large: \$1.2 trillion to \$1.5 trillion over 10 years. The Obama stimulus package provided incremental reforms, offering clues to what the bigger picture might include. The stimulus package included a temporary COBRA subsidy and expanded HIPAA privacy and security measures. The package also addressed health information technology. When the reform package is ready, it will likely be on a fast legislative track.

One cornerstone is expected to be a federal plan option with an emphasis on centralized purchasing. This might revolve around a National Health Insurance Exchange offering private insurance plans competing with a national plan. The national plan might follow a Medicare format and be open to everyone. If doctors and hospitals are paid as they are under Medicare, membership in the national plan would likely grow and private insurance plans decline. The government could set premiums below private plan rates.

In another option, the national plan could be limited to small business/individual coverage. Enrollment would be smaller, but the program might be just as effective in reducing the number of uninsured.

In yet another vision, the federal plan may contain an insurance purchasing exchange vaguely modeled after the Massachusetts Connector system. In such a system, consumers could elect the governmental health insurance program over private insurer plans. Such an approach might force private insurers to provide better service and control costs. It might also drive insurers out of business, leaving only the governmental plan.

Another basic approach to reform that the federal government is likely to consider is an employer pay-or-play option. Based on state and local initiatives, this approach would require employers to “play” by offering some meaningful level of coverage. Employers who do not comply would “pay” by being charged a percentage of payroll (or charged based on some other factor) toward the cost of new national public plan for their employees. Small employers might be encouraged by a refundable tax credit of up to 50% of premiums paid. A further option is to create a fund to reimburse employers for catastrophic costs under the condition that they use the reimbursement to reduce their workers’ premiums.

An individual mandate for children is a possible way of making sure the most vulnerable members of society have health care. Some options suggest a certain amount of state control, which would encourage experimentation and might involve regional information exchanges.

One likely target of reform is in technology. A seamless, integrated and secure IT platform is seen as a clear way to enhance system efficiency and reduce costs. (Congressional movement in this

direction is already evident from legislation included in the recently passed American Recovery and Reinvestment Act. Not only did that law create the temporary COBRA subsidy, it also included stepped up requirements to bolster HIPAA-related protections already in place.)

How it all will be paid for is uncertain, but there is talk of tax code changes. One possibility is to limit exclusions, which could entail reducing values of itemized deductions or limiting itemized deductions to 28%. Such proposals would not take effect until after 2010. The legislative landscape and the politics of the debate are constantly changing. It is difficult to foretell what the outcome of the debate might be. For instance, a representative of the Service Employees International Union (SEIU) recently said that a limit on the exclusion is not something that SEIU favors (presumably because they still want employers to be encouraged to offer benefits generally).

## CONGRESSIONAL GOALS

Congressional goals are as varied as individual members of Congress. Below we list some of the most common features of proposals that are beginning to take shape.

- Universal coverage
- Employer pay-or-play system
- Taxing health insurance like regular income
- Cap on individual tax exclusion for employer coverage
- Individual mandates
- Possible federal (or public plan) option
- Individual mandate
- State public insurance plans for residents
- Insurance purchasing exchange (Massachusetts Connector)
- Wellness programs
- Healthy Workforce Act of 2009, pending legislation that would provide a tax credit to companies that offer effective and comprehensive wellness programs
  - Incorporating sound employee health management practices into plan design
  - Health risk assessments, health awareness and behavior change programs, participation incentives

## EMPLOYER PLAN COMMUNITY PROPOSALS

The position of the employer plan community, including insurers and employers, is presented in a recent American Benefits Council proposal.

- Universal coverage
- Strengthen the employer-based system
- No employer mandate
- No pay-or-play
- Strengthen federal (ERISA) preemption to encourage one set of rules nationwide
- Individual mandate (closely patterned after the Massachusetts model) – with premium assistance for the basic plan if individuals cannot afford it
- Encourage health IT efficiency and coordination
- Marketplace reform to permit individuals to make purchase decisions outside of employment
- Strengthen retiree health options
- Equalize tax treatment (in and out of the employment context)

### TAKEN TOGETHER

The common features of the three sets of priorities include universal coverage, health IT and tax changes. A federal role, either in offering coverage or simply setting the rules of a new system, is also on everyone's list. Beyond this, the potential for conflict emerges. The government will need to make a case for employer mandates through a pay-or-play arrangement, or individual mandates for adults or their dependent children. Only one aspect of the coming health reform push is certain. Debate will be lively.

## EEOC MOVES TO OPPOSE MANDATORY HRA SCREENINGS

Is it permissible for employers to mandate health risk assessment (HRA) screenings for all participants in an employer-sponsored group medical plan? Although the DOL has previously issued guidance that does not oppose such screenings from a HIPAA perspective, the Equal Employment Opportunity Commission (EEOC) has now published an informal discussion letter expressing concerns based on requirements set forth under the Americans with Disabilities Act (ADA). The EEOC issued a letter saying that an HRA asking for health data as a prerequisite for participation in a group plan violates the ADA. The ADA permits employers to ask questions about an employee's health status – but only if the questions are "job related and of business necessity" and if answering the question is entirely voluntary.

Many employers have mandated screenings in recent years, perhaps in light of the fact that the EEOC has never issued clear-cut guidance. Screenings can play an important role in wellness programs designed to improve productivity and lower health care costs.

Before the recent letter, the closest thing to an official ruling emerged a few years ago at an American Bar Association meeting, when EEOC staff attorneys informally addressed a

question about the propriety of employers mandating the use of HRA screenings for all participants in an employer-sponsored plan. The non-binding observations of EEOC staff attorneys expressed the view that mandating such screenings likely violated the ADA. EEOC staff comments seemed to center on the idea that any mandatory screening imposed an impermissible penalty on any employee refusing to answer a question about his or her health. Many benefits professionals emphatically disagree that such a penalty is imposed.

The EEOC letter was written in response to a request for a formal opinion about mandated HRA screenings. Although the informal discussion letter is not dispositive on all employers since it is not part of a formal rulemaking process, it indicates the general views of the EEOC staff on the question. Some observers suggest that the EEOC letter may indicate that formal and detailed guidance may follow.

How the EEOC letter affects individual group health plans is an issue that all employers should carefully review with their legal counsel. Many employers have implemented HRAs with varying levels of incentives and mandates. Wellness programs (of which HRAs are often an integral part) are implemented to assist employees with their overall health and wellbeing and it is inconceivable to many that the EEOC would take a draconian stance relative to such programs. Nevertheless, in light of this new EEOC guidance, employers should at least consider how their HRA requirements are implemented for participation in their group medical plans.

The EEOC letter is available by [clicking here](#).

## **SINCE YOU ASKED: RE-ENROLLING AFTER WAIVING HEALTH COVERAGE**

A plan sponsor recently contacted us concerning an issue we believe other employers may encounter. The employer asked Willis HRH about regulations regarding offering workers health insurance coverage at the annual open enrollment.

Last year, the employer adopted a company policy that encouraged workers to join their spouse's health insurance plans by offering cash to waive out of the company health plan. (The cash incentive is offered in conjunction with the plan sponsor's cafeteria plan.) The company clearly recognized that federal law (under HIPAA) specifically mandates that it allow employees to return to their employer plan following a loss of the spouse's coverage. Although the plan sponsor understands its HIPAA special enrollment duty, the organization asked us whether workers could be denied the opportunity to rejoin the plan at a future open enrollment simply because they changed their mind concerning coverage.

There is nothing in federal law that prevents a plan from establishing an open enrollment period that excludes participants who have waived coverage because they have spousal coverage. In fact, as long as the HIPAA requirements are satisfied, no federal law would preclude an employer from permanently restricting eligibility after initial eligibility is declined, absent a HIPAA special enrollment event (e.g., in all instances of HIPAA special enrollment – marriage, children, etc. – the plan would have to allow enrollment regardless of its open enrollment policies).

In order for the employer to adopt the restrictive plan design it wishes to use, it is critically important that any provision for allowing or denying open enrollment must become part of the written plan document, must be accurately communicated to employees in an SPD and (since this was a self-funded plan) must comply with general nondiscrimination rules regarding highly compensated employees.



# HR CORNER

## REFERENCE CHECKS: LOOSE LIPS CAN LEAD TO LAWSUITS

Every employer hates to lose good employees, but giving favorable references for those employees is usually a pleasure. It's a different story, though, when it comes to employees who performed poorly or were terminated with good cause. Sometimes employers are left with hard feelings about these workers. It's important to make sure those hard feelings don't color the references you provide.

The California Labor Code provides that any person—including a manager, supervisor, or other employee—who prevents a former employee from gaining subsequent employment by making a factual misrepresentation or misleading statement about the employee is guilty of a misdemeanor. In addition, both the individual who made the statement and the employer can be required to pay the former employee “treble damages”—meaning three times the actual damages—for the lost opportunity. What's more, employers are required to take “all reasonable steps” to ensure that misrepresentations about a former employee are not made.

Employers are permitted to make truthful statements about why an employee was terminated or quit. However, employees rarely agree that they performed poorly or engaged in misconduct, and this can lead to lawsuits. To be prudent, employers should have a clear protocol for who is permitted to give references and what those references contain. In setting up your protocol, you may want to consider doing the following:

### DESIGNATE A REFERENCE CONTACT FOR ALL DEPARTING EMPLOYEES.

At the time each employee departs, provide the employee with the name (or job title, such as “HR director”) to whom all reference inquiries should be directed. This will ensure that you know who is making statements on your company's behalf. A supervisor or manager the departing employee has had conflict with should never be the designated reference person.

### DOCUMENT THE REASONS THE EMPLOYEE IS LEAVING.

Whether the employee was terminated or resigned, make sure the reason the employee left is clearly documented in the employee's personnel file. This way, even if you are contacted for a reference after the individuals the employee worked with are gone, you'll be able to provide truthful information about why the employee left and won't make inadvertent misrepresentations.

### AVOID MAKING PERSONAL STATEMENTS ABOUT THE EMPLOYEE'S CHARACTER.

Even when employees are terminated for misconduct, your response to a reference inquiry should always focus on how the employee performed on the job and not include subjective judgments about the employee's character or personality.

Consider implementing a neutral reference policy. Under a neutral reference policy, the only information your company gives about an employee is confirmation of the employee's dates of employment, job titles, and final salary. By providing the same neutral information for all employees, you can avoid allegations that misrepresentations were made.

### MAKE SURE EVERYONE KNOWS THE PROTOCOL.

Instruct managers and supervisors to direct all reference inquiries to the designated reference person. If a manager or supervisor is the designated reference person, make sure he or she knows exactly what information can be provided and has access to relevant personnel files so that only accurate information is given out.

*This article provided BLR.*



# WEBCASTS & EVENTS

## ENGAGING EXECUTIVES IN A DEEPER UNDERSTANDING OF YOUR ORGANIZATION'S BENEFIT PLAN

**June 23, 2009**  
**2:00 PM EASTERN TIME**

**Presented by Brock Squire**

Join us for this informative webcast in which our Financial Reporting National Practice Leader will discuss ways you can engage the C-Suite in a deeper understanding of your organization's benefits plans. In this webcast we will cover:

- The use of data analysis and financial reports
- How to present/provide reports to the C-Suite in a most effective manner
- Engaging your executives in benefits, why this is important and best practices

**Participant Access:**

**Advance RSVP is required to participate in this call, [click here to register.](#)**

## DEVELOPING A WELLNESS CULTURE AT WORK

**July 14, 2009**  
**2:00 PM EASTERN TIME**

**Presented by Leah Fidler, MHPE, CHES - Regional Wellness Consultant**

How can you create a wellness culture at work to align with your worksite wellness program? The tools and resources necessary to become more focused on health and wellness may be different for each worksite. However, this web seminar will briefly review these common areas for consideration and can help you pave the road to successfully changing your worksite culture:

- Worksite policies
- Environmental changes
- Senior management engagement
- Benefit design
- "Water cooler talk"

**Participant Access:**

**Advance RSVP is required to participate in this call, [click here to register.](#)**

# KEY CONTACTS

## US BENEFITS OFFICE LOCATIONS

### NEW ENGLAND

**Auburn, ME**  
207 783 2211

**Bangor, ME**  
207 942 4671

**Boston, MA**  
617 557 7517

**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

**Cranford, NJ**  
908 931 3005

**Florham Park, NJ**  
973 410 4622

**Morristown, NJ**  
973 829 6374  
973 829 6465

**New York, NY**  
212 915 8802

**Norwalk, CT**  
203 523 0501

**Philadelphia, PA**  
610 260 4351

**Radnor, PA**  
610 254 7289

**Wilmington, DE**  
302 397 0171

### ATLANTIC

**Baltimore, MD**  
410 584 7528

**Bethesda, MD**  
301 581 4261

**Knoxville, TN**  
865 588 8101

**Memphis, TN**  
901 248 3103

**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**  
704 344 4856

**Jacksonville, FL**  
904 355 4600

**Marietta, GA**  
770 425 6700

**Miami, FL**  
305 421 6208

**Mobile, AL**  
251 544 0212

**Orlando, FL**  
352 378 2511

**Raleigh, NC**  
704 344 4856

**Savannah, GA**  
912 239 9047

**Tallahassee, FL**  
850 385 3636

**Tampa, FL**  
813 490 6808  
813 289 7996

**Vero Beach, FL**  
772 469 2842

### MIDWEST

**Appleton, WI**  
414 259 8837

**Chicago, IL**  
312 527 6482  
312 621 4843  
312 621 4704

**Cleveland, OH**  
216 357 5921

**Columbus, OH**  
614 326 4788

**East Lansing, MI**  
517 349 3226

**Grand Rapids, MI**

248 735 7249

**Green Bay, WI**

414 259 8837

**Milwaukee, WI**

414 203 5248

414 259 8837

**Minneapolis, MN**

763 302 7131

763 302 7209

**Moline, IL**

309 764 9666

**Pittsburgh, PA**

412 645 8537

412 586 3524

**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**

281 584 1672

281 584 1676

713 625 1017

**McAllen, TX**

956 682 9423

**Mills, WY**

307 266 6568

**New Orleans, LA**

504 581 6151

**Oklahoma City, OK**

405 232 0651

**Overland Park, KS**

913 498 4423

913 339 0800, ext. 108

**San Antonio, TX**

210 979 7470

**Wichita, KS**

316 263 3211

**WESTERN****Aliso Viejo, CA**

949 461 3996

**Fresno, CA**

559 256 6212

**Las Vegas, NV**

602 787 6235

602 787 6078

**Los Angeles, CA**

213 607 6300

**Novato, CA**

415 493 5210

**Phoenix, AZ**

602 787 6235

602 787 6078

**Portland, OR**

503 274 6224

**Rancho/Irvine, CA**

562 435 2259

**San Diego, CA**

858 535 1800

858 678 2130

**San Francisco, CA**

415 291 1567

**San Jose, CA**

408 436 7000

**Seattle, WA**

800 456 1415

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