

LEGAL & COMPLIANCE

STIMULUS PACKAGE BRINGS CHANGES TO COBRA

While the impact of the massive economic stimulus legislation on the current recession will not be known for some time, benefits professionals should be aware that the law will impact their world immediately. The American Recovery & Reinvestment Act (ARRA) mandates COBRA subsidies for people losing health coverage due to involuntary termination of employment. The measure, signed into law by President Obama on February 17, 2009, also creates urgent new notice requirements and other employer obligations.

COBRA SUBSIDY

Under ARRA, the federal government will pay 65% of premiums for people eligible for COBRA due to an “involuntary job loss” between September 1, 2008 and December 31, 2009. These individuals are referred to as Assistance Eligible Individuals (AEIs). Although the statute does not clearly define involuntary job loss and leaves many other open questions, key regulators at the IRS and Department of Labor (DOL) are feverishly working on guidance to help implement the new requirements.

We do know that the government will base its subsidy on the true *participant* COBRA cost. In other words, whatever the employer charges participants as the COBRA premium, former employees and eligible family members pay 35% of that premium and the employer receives a 65% subsidy to cover the remainder. If the monthly COBRA cost is \$1000, the eligible qualified beneficiary will pay \$350 and the employer is entitled to a \$650 subsidy.

If the employer in this example chooses to only charge the qualified beneficiary \$500, however, then the individual would pay 35% of \$500 and the employer would be entitled to only 65% of \$500 in subsidy from the government. The law, in effect, penalizes employers that voluntarily discount the applicable COBRA cost.



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The COBRA subsidy is applicable to all COBRA-eligible group health plans sponsored by an employer, except for health flexible spending accounts under a cafeteria plan.

In most (but not all) cases, the government subsidy will be paid to employers through payroll tax credits. Employers will be able to claim a tax credit against periodic deposits for wage withholding and FICA payroll taxes.

The law applies qualification rules to COBRA-qualified beneficiaries, including a financial means requirement. Terminated workers are ineligible for the 65% subsidy if, during the year in which the subsidy would have been received, the individual's adjusted gross income exceeds \$145,000 (\$290,000 for joint filers). The subsidy is reduced proportionately for taxpayers with adjusted gross income between \$125,000 and \$145,000 (\$250,000 and \$290,000 for joint filers). The premium subsidy is available beginning March 1, 2009 and will last for up to nine months, ending earlier if the individual becomes eligible for coverage under another group health plan or Medicare.

A SECOND CHANCE

Under the new law, AEIs who *did not* elect COBRA coverage in their initial 60-day election period must be given another chance to elect COBRA coverage during a second 60-day election period. This second chance also applies to those who elected COBRA coverage but subsequently lost it prior to ARRA's enactment date, as in the case of non-payment of premiums.

If COBRA is elected during this second election period, the statute says that coverage extends back to the first "period of coverage" beginning on or after February 17, 2009 (for most plans, this means March 1, 2009), while the duration of coverage is measured from the date of the original qualifying event (involuntary job loss).

NEW NOTICE REQUIRED

COBRA notices must be delivered to *all* individuals who left employment for any reason between September 1, 2008 and December 31, 2009 – even those who left voluntarily. Congress probably set forth the rule in this manner to ensure that employers would not withhold notice from individuals with whom there could be some ambiguity

about whether job loss was voluntary or not. A violation of the new notice rule will be considered a violation of the COBRA notice requirements, and therefore subject to all applicable COBRA penalties.

The new law obligates the DOL to produce new model notices within 30 days of the date the measure was signed into law. We expect sample notices to be ready by mid-March, accompanied by some implementation guidance to address the numerous questions that have already surfaced. We already know that notices will include detailed information about the subsidy and qualifications to establish subsidy eligibility.

The Employee Benefits Security Administration (EBSA) has created a dedicated **website** for guidance on the COBRA subsidy provision. Applicable regulatory guidance is expected to be posted on this website as it is issued. Users can sign up to receive email updates when new items are posted.

In a bit of welcome news to employers, a rule that would have imposed additional COBRA burdens on employers was left out of the final legislation. In the House version, certain individuals 55 or older with more than 10 years of service to the employer would have been entitled to elect COBRA coverage and keep it until they were covered under Medicare or another employer group health plan.

For more on the COBRA subsidy, see our ***Employee Benefits Alert, Vol. 2, No. 4, "COBRA Subsidy Provisions Require Immediate Attention."***

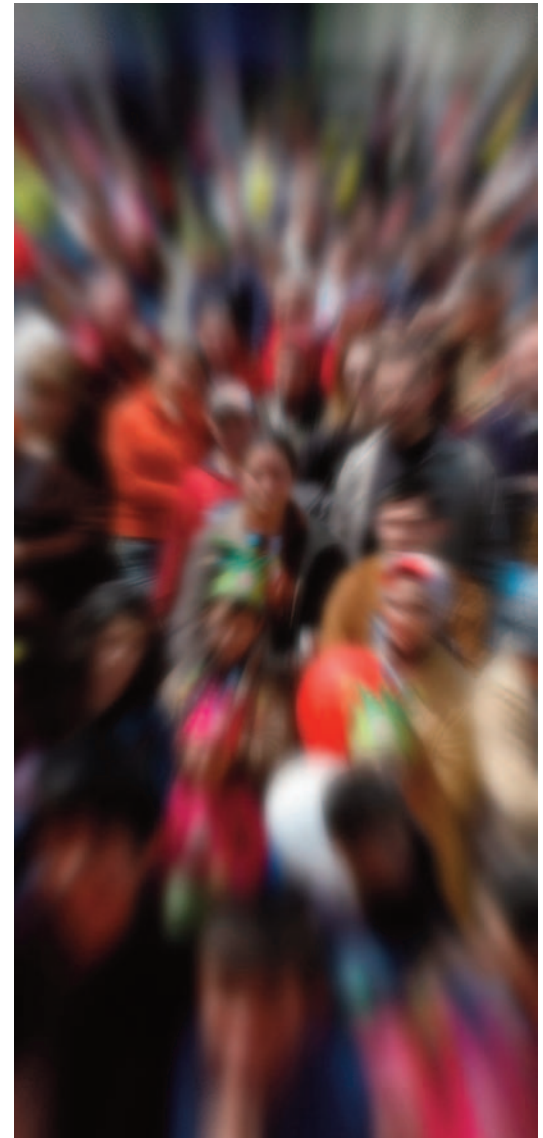


BEYOND COBRA: HIPAA

Although the COBRA provisions dominate the ARRA talk among benefits professionals, the new measure also authorizes nearly \$20 billion to support the adoption of electronic health records for all Americans by 2014. Along with funding for health care-related security matters, this part of the law will bring a wave of new requirements tied to health plan privacy and security. Many of these rules will take effect February 17, 2010, one year after ARRA was signed into law.

The rules affect requirements set forth in the Health Insurance Portability and Accessibility Act (HIPAA). ARRA, in fact, is loaded with HIPAA-related requirements that far exceed the scope of this article. Willis HRH will incorporate detailed analyses of these rules into forthcoming revisions to our online *Willis HRH Compliance Manual*. Covered entities and business associates will need to take measures to comply with the new requirements and will likely need to revisit business associate agreements (BAA) to ensure that BAA documents conform to the new rules. ARRA will:

- Extend to business associates most of the security requirements that apply to covered entities under HIPAA's security regulations.
- Specify that the privacy requirements that must be set forth in each business associate agreement apply to the business associates by statute as well as by contract. ARRA also requires a business associate to take action to cure breaches of their business associate agreement by the applicable covered entity (and, if unsuccessful, terminate the agreement or, if termination is not feasible, report the breach to HHS).
- Subject business associates to the same penalties that HIPAA applies to covered entities.
- Require the Department of Health and Human Services (HHS) to issue annual guidance (starting in 2010) on the most effective and appropriate technical safeguards for purposes of maintaining the security of protected health information (PHI).
- Tighten enforcement rules applicable to violations of the HIPAA privacy requirements and increase applicable penalties.
- Clarify standards that define and further refine the minimum security requirements.
- Restrict certain uses and disclosures of PHI.
- Require accountings of certain disclosures of electronic PHI for treatment, payment or health care operations.
- Establish additional rules regarding the unauthorized sale of PHI and an individual's access to his or her own PHI maintained electronically.
- Affect how plans are able to utilize de-identified PHI.



TRANSPORTATION FRINGE BENEFIT INCREASE

Along with the COBRA subsidy, ARRA adjusts the monthly exclusion amount for the qualified fringe benefits of transit passes and van pooling expenses. Previously limited to \$120 per month, the exclusion has been adjusted to \$230 per month, which matches the current limit for qualified parking. This higher limit is effective March 2009 and extends through 2010 with an annual inflation adjustment.

THE FAIR PAY ACT OF 2009

In one of his first official acts in office, President Obama signed into law the Lilly Ledbetter Fair Pay Restoration Act of 2009. Federal law now reverses the 2007 U.S. Supreme Court decision in *Ledbetter v. Goodyear Tire & Rubber Co.* In *Ledbetter*, the Supreme Court ruled that applicable federal law limited the amount of time a worker has to file a pay discrimination charge against an employer to six months, beginning on the date of the first alleged discriminatory pay decision. In jurisdictions where a comparable local or state law prohibits compensation discrimination, charges must be filed within 300 days.

THE LEDBETTER SAGA

Lilly Ledbetter worked for Goodyear for 21 years. During that time, her salary was adjusted annually according to performance ratings by her supervisor. Ledbetter's reviews placed her near the bottom of rankings compared to her coworkers, resulting in small pay increases. Based on her position during her last two years of employment, consistent with company policy toward employees approaching retirement, she did not receive any raises. Due to her minimal pay increases over the years, a large pay gap existed between Ledbetter and her male coworkers when it came time for her retirement.

Ms. Ledbetter filed a charge with the Equal Employment Opportunity Commission (EEOC) alleging that her treatment violated Title VII of the Civil Rights Act of 1964, which prohibits sexual discrimination. Her case was tried before a jury and she won awards for back pay, mental anguish and punitive damages.

The verdict notwithstanding, the employer moved for a judgment that Ledbetter's claim was barred by Title VII's charge filing deadline. Goodyear argued that a reasonable fact finder could not have found that sex was a motivating factor in Ledbetter's minimal salary increases prior to the 180 days of her filing charges, since impending layoff was the reason for the lack of an increase.

The court denied the employer's motion but reduced Ledbetter's award. Upon appeal to the Eleventh Circuit Court of Appeals, the decision was reversed as a matter of law, concluding that Ledbetter's pay at the time of her EEOC filing was based on previous decisions that were outside the six-month charge-filing requirement. Ms. Ledbetter appealed the Eleventh Circuit's decision to the U.S. Supreme Court, which affirmed the decision, holding that a pay-setting decision is "a discrete act" forming the basis of a Title VII claim, and as such, must meet the 180-day period in which to file a charge. The Court rejected Ms. Ledbetter's argument that each paycheck issued based on a discriminatory practice made outside the statutory filing period was a continuing violation of Title VII.

In a dissenting opinion, Justice Ginsburg argued that the unlawful practice under Title VII was the "current payment of salaries infected

by gender-based discrimination," regardless of the fact that the "infection" occurred long before the discrimination charge was filed with the EEOC. The dissent included a call for Congress to step in with new legislation to correct the Court's "parsimonious reading of Title VII."

OBAMA OBLIGES

The Fair Pay Act of 2009 now amends several laws to allow an individual to file compensation charges within 180 days (or 300 days) of any of the following:

- The adoption of a discriminatory compensation decision or other discriminatory practice affecting compensation
- An individual becomes subject to a discriminatory compensation decision or other discriminatory practice affecting compensation
- An individual is affected by an application of a discriminatory compensation decision or practice, including each issuance of a paycheck affected by a discriminatory compensation decision

The act has a retroactive effective date of May 28, 2007 and applies to all claims of discriminatory compensation pending on or after that date.

As the law has broadened the statute of limitations for wage disparity claims, employers can expect to see an increase in those claims. Employers should take the time now to review their compensation policies to eliminate discriminatory payroll practices. Below are some suggestions.

- Audit current pay practices for supporting documentation of compensation decisions, which should include a periodic statistical analysis of compensation data for determining any disparities toward those in a protected class.
- Ensure compensation decisions are based on quantifiable guidelines applied uniformly and consistently within each job classification, department or business unit.
- Review document retention policies regarding compensation decisions. Ensure documents are being retained pursuant to both state and federal laws.
- Train supervisors and managers in making wage decisions based on a uniform system, eliminating unfettered discretion in compensation decisions.

EXPANDING SPECIAL ENROLLMENT RIGHTS

President Obama recently signed into law the Children's Health Insurance Program Reauthorization Act of 2009, which extends the State Children's Health Insurance Program (CHIP) established under the Social Security Act. A key provision of the act gives states the authority to directly subsidize premiums for employer-provided group health coverage for eligible children and families. Specifically, the law allows states to provide premium assistance to low-income employees who want to change their single coverage to family coverage in order to cover a CHIP- or Medicaid-eligible dependent. Group health plans also have the choice of directly accepting the government subsidy and crediting the targeted participant, or continuing to require participant group health plan contributions and have the government directly reimburse the individual.

HIPAA SPECIAL ENROLLMENTS

The law amends the Internal Revenue Code, the Employee Retirement Income Security Act (ERISA) and the Public Health Service Act to create new HIPAA special enrollment rights, new notice and disclosure obligations, and penalties for non-compliance. The enrollment opportunities will open the door for transitioning individuals from Medicaid or CHIP coverage to group health plans. Employers will face penalties of up to \$100 a day for failure to comply with the notice and disclosure requirements of the Act. The \$100 penalty applies for each violation per participant or beneficiary.

Starting on April 1, 2009, group health plans must permit employees and dependents that are "eligible but not enrolled for coverage" under an employer plan to enroll in two new cases:

- When the employee or dependent covered under Medicaid or CHIP has coverage terminated as a result of loss of eligibility, and the employee requests coverage under the group health plan within 60 days after such termination
- When the employee or dependent becomes eligible for Medicaid or CHIP assistance (i.e., becomes subsidy-eligible) if the employee requests health coverage within 60 days after the eligibility determination date

In a departure from other HIPAA special enrollment events, the law says that the employee or dependent must request coverage within *60 days* after the employee or dependent is terminated from, or determined to be eligible for, such assistance. (HIPAA special enrollment rules regarding loss of private plan coverage and changing family events such as birth or marriage provide for only a 30-day period in which to request coverage due to a change in status.) Plan documents should be reviewed and revised to reflect these new rules.

REQUIRED NOTIFICATION

Group health plans must also notify all employees of their potential eligibility for the new subsidies. Plans will be required to distribute notices when an employee becomes eligible for enrollment under the plan. Notification may be included in the employer's open enrollment materials, in the Summary Plan Description, or in other general materials used to communicate health plan eligibility to employees. Model notices are to be developed by the DOL and the HHS by February 4, 2010. Plans will be required to distribute notices during the first plan year beginning after the date on which model notices are first issued (January 1, 2011 for calendar year plans).



SINCE YOU ASKED: COBRA COVERAGE AND DOMESTIC PARTNERS

An *HRFOCUS* reader recently asked us about an employee who had covered his domestic partner and now wanted to apply for COBRA. Would the domestic partner be included under COBRA as well? The answer is complicated.

Federal COBRA laws provide for coverage of “qualified beneficiaries.” COBRA defines qualified beneficiaries as employees, former employees, spouses or dependent children. “Spouses” are defined in federal law as being married and of the opposite sex. So federal COBRA laws do *not* grant COBRA rights to domestic partners.

State laws do grant these rights in a few cases, but most states still do not have insurance laws mandating the extension of continuation coverage rights to domestic partners. Some states have special rules that apply to domestic partners of state employees. Such specialized requirements make it important to check for the possible application of state law.

COBRA coverage may, however, be offered on a more generous basis than required by state or federal law, and some employers specifically include domestic partners. If the self-funded plan document specifically provides for the domestic partner to have continuation rights comparable to those of a spouse, the domestic partner would likely be entitled to an extension of coverage identical to COBRA.

Health plans with domestic partner benefits should ideally contain a provision addressing the COBRA issues. Some plans will simply carry a general note that domestic partners are treated the same as spouses under the plan. In either case, these provisions probably secure the domestic partner independent COBRA-like rights. These broader continuation coverage rules should be confirmed with the stop-loss carrier to ensure that coverage is not challenged down the road.

Even if the self-funded plan document specifically states that domestic partners have no COBRA-like rights under the plan, the employee retains the right to cover his dependents under his COBRA coverage to the same extent as an active employee could. If an active employee could enroll a domestic partner as a dependent, a COBRA-qualified beneficiary may do the same. The domestic partner in this case would not have any independent COBRA rights, and his or her coverage would continue only as long as the former employee retained COBRA coverage.



YOU BE THE JUDGE

SHOULD WORKERS' COMPENSATION INSURANCE PAY FOR GASTRIC BYPASS SURGERY IF THE PROCEDURE WAS NECESSARY TO TREAT A JOB-RELATED KNEE INJURY?

Edward Sprague was an employee at Jerry's Specialized Sales in Oregon when he injured his knee in 1976. The company's Workers' Compensation carrier, SAIF, accepted the knee injury as compensable. Sprague reinjured the knee in 1999 and sought treatment. Doctors advised him to undergo gastric bypass surgery because his weight of 350 pounds would prevent successful treatment. Sprague had begun to gain weight after his 1976 knee injury. In 2001 Sprague underwent the surgery and sought Workers' Compensation medical benefits to cover the procedure. SAIF opposed the claim.

At his Workers' Compensation board hearing Sprague argued that his weight-loss surgery was necessary to treat his knee. SAIF countered that Workers' Compensation should not cover the weight-loss surgery because his knee injury did not cause his obesity. The board found that Sprague's knee injury contributed more to his need for gastric surgery than all other causes combined. Therefore, the board found his surgery compensable. SAIF sought judicial review of the board's decision in the Oregon Court of Appeals.

Should Workers' Compensation insurance pay for Sprague's gastric bypass because it was necessary to treat his knee condition?

Yes, according to the court. SAIF was required to pay for the weight-loss surgery because Sprague's knee injury was a major cause of his need for gastric bypass surgery.

WELLNESS WORKS

HEALTH COACHING: WINNING WITH A TEAM OF ONE

Every successful athlete benefits from a coach, so do people working on changing their lifestyle habits. Hence the trend among health insurance and wellness vendors to include health coaching as part of their worksite wellness programs.

What exactly is a health coach and what do they do? Health coaches are not sports coaches pacing the sidelines and running the show. They are supporters, not leaders. They prod, they cheer, they help. They work one on one, sometimes face to face, but often online or by phone. Their goal is empowerment, and their approach is a personalized program of behavioral change. Their success in helping individuals reach their wellness goals is the main reason that they are increasingly popular.

Unhealthy lifestyles are notoriously difficult to change – smoking, eating poorly, not exercising enough, living with too much stress. Even as more people become aware of the impact of personal health habits, family history and long-term risk factors on quality of life and life expectancy, many cannot transform what they *know* into what they *do* each day. Meanwhile, employers are looking at the role of chronic health problems in driving health costs, and at the role of lifestyle behaviors in chronic health problems. Health coaching offers a direct, proactive and individualized way to address these issues.

In the coach-client relationship, goals are outlined by the participant, an approach that acknowledges the idea that most of us know what works best for us and what is most realistic for our daily life. The relationship differs from the traditional prescribe-and-treat model typically found in clinical encounters. Coaches ask questions and offer reflective listening and constant encouragement.

HIRING THE RIGHT COACH

Not every coach is Vince Lombardi. How do you find the right coaching program for your organization and your employees? To evaluate a vendor or carrier offering health coaching, start by understanding the structure and format of their program. Understand the qualifications and professional standards of the coaches. At minimum, health coaches should have some formal training in behavioral change. Ideally, coaches will be specialized professionals (RNs, certified health education specialists (CHES), registered dietitians, exercise physiologists, etc.) who have completed formal health coaching certification programs.

BEST PRACTICES IN HEALTH COACHING

Once you have found the right health coaching resource, what next? How can you help make the program work, when so much depends on engaging employees to connect with a health coach? The most important steps are identifying the target audience and communicating the potential value of the health coaching option.

- Consider and communicate eligibility guidelines for health coaching. Will you offer the service to all employees? At-risk employees? Spouses? Only employees enrolled in the benefits plan?
- Use health risk assessment questionnaires, clinical lab data (or any health screening data) and/or claim data to identify the people who might benefit from health coaching.

In the challenging world of the behavior change game, coaching is often a key factor in turning players into winners.

- Integrate health coaching into the physician-patient relationship. Ensure that the individual’s primary health care provider is in tune with the coaching program.
- Integrate health coaching into other worksite wellness programs by referring coaching participants to onsite, online or telephone resources.
- Communicate to employees (using multiple methods, such as home mailings, emails, face-to-face meetings, posters) what health coaching is, who is eligible, how to access it and what the potential benefits are. Anticipate and answer their number one question: “What’s in it for me?”
- Share personal success stories of employees who have made successful behavior changes through health coaching. This is one of the best ways to convince people that a coaching program is effective.
- Evaluate your health coaching program regularly to determine the number of people who are engaged and the number of people who are successfully making changes. Depending on the size of the employee population, some evaluation elements might be:
 - Participation – call attempts, average call length, drop outs, program completion, retention rates
 - Participant satisfaction
 - Change in behaviors – at 3-, 6-, 12-month intervals and at the end of individualized coaching programs
 - Change in risk status – health risk assessment data/score
 - Productivity – sick leave days, presenteeism
 - Health care costs – claims incurred
 - Workers’ Compensation costs
 - Disability management costs

The task of managing expectations must include management as well as employees. Personalized programs can be costly. Like most employee-provided wellness services, health coaching should be viewed as an *investment* in the health and productivity of your workforce – not just a budget expense. Health coaching may not be right for every employer, and certain formats may be more appropriate for your worksite demographics and geographic locations. It helps to offer a menu of choices to build a comprehensive, effective program that applies to the widest possible population of employees.

In the challenging world of the behavior change game, coaching is often a key factor in turning players into winners.



HR CORNER

EIGHT SKILLS HR LEADERS NEED

Knowledge of business, human resources, and organizational operations is the most important business skill senior HR leaders need to succeed, according to a survey by the Society for Human Resource Management (SHRM).

The survey also found that global intelligence and technological savvy are two emerging competencies senior HR leaders will need to master within the next five years.

“Successful senior HR leaders consistently show executives in the C-suite that they understand the broad operations and processes driving business,” says SHRM President and CEO Laurence G. O’Neil. “Equally important is the ability to explain the role of human capital issues and solutions in the context of broader business operations linking finance, operations, and marketing.”

The survey identified the following as the top eight leadership skills essential for HR business leaders:

1. Knowledge of business, HR and organizational operations
2. Strategic thinking and critical/analytical thinking
3. Leading change
4. Effective communication
5. Credibility
6. Results orientation/drive for performance
7. Ethical behavior
8. Persuasiveness/influencing others

This article provided by BLR.



WEBCASTS & EVENTS

WILLIS HRH HEALTH & PRODUCTIVITY SURVEY FINDINGS

Presented by Cheryl Mealey
March 24, 2009 at 2:00 PM Eastern / 11:00 AM Pacific

The impetus for wellness programs is often the need to reduce the pace of ever-escalating health care costs. There are other benefits, however. Valuing employees and investing in their health generates loyalty and appreciation. A healthy workforce improves productivity and reduces absenteeism, Worker's Compensation and disability costs. The Willis HRH Health and Productivity 2008 survey analyzes management perceptions about wellness, productivity and work/life balance and contains details about today's wellness programs. This session will discuss:

- Management perceptions about wellness, productivity and work-life balance
- Factors reviewed prior to program implementation
- Program design
- Results
- Success stories and recommendations from survey respondents

URL:

https://e-meetings.verizonbusiness.com/emeet/rsvp/index.jsp?customHeader=mymeetings&Conference_ID=5039451&passcode=5462860

LOST IN TRANSLATION

Presented by Ame McClune
April 14, 2009 at 2:00 PM Eastern / 11:00 AM Pacific

The workforce is growing more diverse each day and with language barriers and other communication issues many employees are missing important messages about their benefit plans. Statistics prove that many minority workers underestimate the amount they will need for retirement and expenses during retirement including health care, prescription drugs and even living expenses. Additionally, the rate at which many minority workers are saving is significantly less than other American workers. Employers may not realize the benefits to lowering the percentage gaps between their plan participants, but there are many. This session will:

- Discuss the alarming statistics surrounding minority and English as second language employees and their participation in benefit plans
- Explore techniques for communicating with employees
- Learn how to shape employees' overall understanding and appreciation of these benefits
- Review communication methods when there are language barriers

URL:

https://e-meetings.verizonbusiness.com/emeet/rsvp/index.jsp?customHeader=mymeetings&Conference_ID=5039477&passcode=9452563

KEY CONTACTS

US BENEFITS OFFICE LOCATIONS

NEW ENGLAND

Bangor, ME
207 942 4671

Boston, MA
617 557 7517

Hartford, CT
860 756 7365

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

415 291 1567

Seattle, WA

800 456 1415

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