

Sample Notice – Delinquent Service Provider Disclosure

[Date of Notice]

Delinquent Service Provider Disclosure Coordinator,
Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Ave., N.W., Suite 600
Washington, DC 20210

Re: [Plan Name]
[Sponsor EIN/Plan number]
[Plan sponsor's name; address]

Delinquent Service Provider Disclosure Coordinator:

The employee benefit plan referred to above has entered into a contract or arrangement for the provision of services with the following service provider:

[Name of covered service provider]
[Address of covered service provider]
[EIN of covered service provider, if known]
[Contact person for covered service provider]
[Telephone Number of contact person]

This matter relates to the following services provided to the plan by the service provider:

[Brief description of services provided to plan by covered service provider]

I am the responsible plan fiduciary to whom disclosures must be made pursuant to 29 CFR § 2550.408b-2(c)(1). I have determined that the plan has not received the following information from the service provider as of [INSERT DATE]:

[Brief description of information the covered service provider failed or refused to disclose or furnish]

I requested in writing such missing information from the service provider on [INSERT DATE]. As of the date of this letter, the service provider has not submitted the information pursuant to my request.

I acknowledge that I have 30 days following the earlier of the covered service provider's refusal to furnish the requested information or the date which is 90 days after the date of my written request to the service provider to file this notice with the Department in order to fulfill the requirements of paragraph (c)(1)(v) under the Department's regulations at 29 CFR § 2550.408b-2(c)(1).

The covered service provider [chose one]: continues to provide services under the contract or arrangement or was terminated.

Finally, we have the following additional comments/information relating to this matter:

[Comments/information]

I declare that I have examined this notice and to the best of my knowledge and belief, it is true, correct and complete.

[Signature]

[Title of person signing on behalf of subject plan = i.e., "responsible plan fiduciary"]

[Address, e-mail address, and telephone number]

[Plan sponsor's name, address and telephone number]