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## Watch What You Ask Your Employees

Benefits managers and employers with plans to implement a wellness program should proceed with caution, according to the Equal Employment Opportunity Commission (EEOC). Recently, the EEOC said that a health risk assessment that includes disability questions as a prerequisite for coverage that “do not appear to be job-related and consistent with business necessity ... would violate the ADA (Americans with Disabilities Act).”

The letter noted that disability-related inquiries and medical exams are permitted if the wellness program is voluntary. A wellness program is voluntary if employees are neither

required to participate nor penalized for non-participation.

Such inquiries or medical exams may be job-related and consistent with business necessity as long as the employer has a reasonable belief, based on objective evidence, that an employee’s ability to perform essential job functions will be impaired by a medical condition. The same is true if an employee will pose a direct threat to others due to a medical condition.

Employers and benefits managers should request information from current or potential wellness program administrators on how they address concerns expressed by the EEOC and the ADA. ■



## Could Your Employees Be Investing More?

According to PenChecks, there are more than 58,000 missing participant retirement accounts. The average balance of these accounts is \$2,600.

When employees change jobs or move and fail to leave a forwarding address, their accrued benefit or account balance in a qualified retirement plan stays behind with their former employer.

In response, the company created The National Registry of Unclaimed Retirement Benefits, a nationwide secure database service that matches missing participants with their

unclaimed benefits at former employers.

Benefits managers at organizations holding retirement funds for missing participants can register online for free and create an account that adds the missing participant records to the database. If a participant performs a search, the organization is informed of it through automatic e-mail notification. Your employees might find significant sums to roll over into your programs.

The Registry is found at [www.UnclaimedRetirementBenefits.com](http://www.UnclaimedRetirementBenefits.com). ■

## On-site Wellness Programs Yield Good ROI



Looking for a positive return on investment (ROI) from your group health benefits offering? Ask your firm's health benefits provider about its worksite health program selection.

Worksite health programs can include on-site screenings, immunizations, wellness and preventative care, nutrition and fitness counseling, employee assistance programs, and various other options. In some cases, programs also include on-site medical centers where experienced physicians administer primary, urgent and occupational care.

Such programs provide significant results for employers and employees. While the cost of such a program often serves as a deterrent to employers and benefits managers, surveys consistently conclude that these programs yield an impressive ROI—in some cases as much as \$5-\$6 per every \$1 invested in the program.

Benefits managers seeking more information about the ROI associated with a worksite health program should contact the insurance provider for more information on program selection and availability or give our service team a call. ■

## COBRA Info for Your Terminated Employees

Many benefits managers familiar with COBRA are still trying to adjust to the new rules under the American Recovery and Reinvestment Act (ARRA) federal legislation enacted in February 2009. The ARRA extended the period during which "premium assistance" would be available to individuals who were "involuntary terminated between September 1, 2008, and December 31, 2009."

In May, the U.S. Department of Labor announced the appeals process that individuals can use if they are denied a premium subsidy for continuation under their group health plan. The DOL offers the following steps that can be passed on to terminated employees by their benefits managers:

- Go to [www.dol.gov/ebsa/COBRA/main.html](http://www.dol.gov/ebsa/COBRA/main.html) and download the

application or complete it online.

- Answer eligibility questions on the application to the best of your knowledge and ability.
- 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 e-mail address, if available).
- Separate application(s) must be completed for any family member whose plan information is not identical to the information you provide.
- Keep for your records a copy of the application(s) and original supporting documentation.

Individuals requiring assistance may also contact EBSA at (866) 444-3272 or visit its dedicated Web page at [www.dol.gov/cobra](http://www.dol.gov/cobra). ■

## Benefits Providers Address Depression

Research is finding that early and effective treatment of employee depression can lower employers' healthcare costs.

More than one in 10 U.S. residents is likely to be diagnosed with some form of depression in their lifetime. Approximately 10% of 400,000 workers studied have received medical treatment for depression. Seventy percent of employees who reported being depressed received no medical treatment. Nearly two thirds of depression-related productivity losses are due to employees not performing at full capacity while at work.

The good news is that progressive employers are investing in intervention services offered through benefits providers. The cost of intervention services varies, but many



benefit programs are starting to address this important feature as research continues to be introduced about the escalating costs associated with lack of treatment.

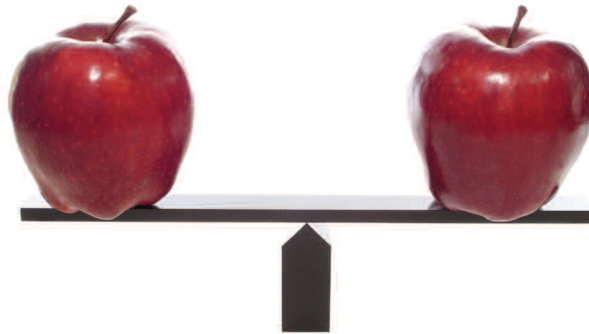
We can help benefits managers learn more about what their providers offer in terms of depression identification and treatment. Give us a call to find out more. ■

## Side-by-Side Comparisons at Open Enrollment

When your firm's open enrollment period approaches, what efforts do you make to educate your firm's employees on their benefit choices? You work hard to offer good benefits under tight cost conditions. Why not showcase your efforts at open enrollment?

Unfortunately, too many benefits managers rely solely on benefit providers for communications with employees concerning options that may be selected only during open enrollment periods. Surveys consistently state that employees would be much more attentive to benefit options if their firm's benefits managers would work with them to understand plan options and differences.

Recently, an *Insurance Journal* survey showed that more than 60% of employees would like benefits managers to be more hands-on in edu-



cating them about various options.

Employees expressed the most interest in a visual aid presented by benefits managers comparing plan

options side by side in a spreadsheet-type format. With so many options to choose from, a wide majority of employees (over 80%) felt this service would help them make participation decisions.

Is your firm's open enrollment period approaching? If so, consider asking your employees what measures they would like to see this year to help educate them about the benefits offered. In a time when employees feel threatened by nationwide cutbacks in benefit offerings, simply expressing interest in wanting to help may provide the boost they need to benefit the most from what your firm offers. ■

## Measure How Your Benefits Perform

**D**o you want to know how your benefits are performing in relation to your industry peers? Are you doing well on costs in your own eyes but not as well as you could be? Now you can benchmark your benefits in terms of their overall effectiveness and costs, not only against what you have done historically, but also against what your peers are doing.

Many employers have turned to EMPAQ (Employer Measures of Productivity, Absence and Quality) for answers. The creation of The National Business

Group on Health, EMPAQ provides subscribers with quantifiable data on several different common benefits programs, including workers compensation, disability, family and medical leave, group benefits and others.

Here's how it works: Employers submit data to the University of Michigan Health Management Research Center. At the end of June each year, participants receive a benchmarking report showing performance between the current and previous year for each pro-

gram for which data were submitted. The report also shows performance relative to your overall industry sector, as well as versus all other participants.

New metrics are consistently introduced. For example, EMPAQ recently added metrics covering health management programs, which include the rate of participation in health risk appraisals and health screenings.

Interested in seeing real results from the various sectors of your employee benefits package? Visit [www.empaq.org](http://www.empaq.org). ■

**Thank you  
for your referrals.**

If you're pleased with us, spread the word!

We will be happy to give the same great service to all of your friends and business associates.

## Moving Jobs Means Moving Retirement Funds

According to Charles Schwab & Co., Inc., 43% of assets held by 401(k) participants who left their job in the first quarter of 2008 were still in the old employer's plan 12 months later.

Of the 57% of assets that were distributed, 75% were rolled into IRAs, 14% were taken in cash, 7% were moved into new employer plans, and 4% were taken in the form of other distributions.

Benefits managers play a major role in educating employees and may be in the best position to assist employees in helping them understand what options are available when moving a 401(k). We can help you with available investment options for your workers. Call our service team today. ■