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TAFT-HARTLEY REPORT

District Court Stays ACA's Gender Identity Final Rule Proceedings

On July 10, 2017, the United States District Court for the Northern District of Texas stayed all court proceedings surrounding the Department of Health and Human Services' final ("Rule") issued to implement Section 1557 of the Affordable Care Act ("ACA"), which prohibits discrimination on the basis of sex.[1] The Rule, which took effect on January 1, 2017, does not permit discrimination on the basis of gender identity and the termination of pregnancy in the context of any health program or activity that receives federal funding, and does so on the grounds of federal nondiscrimination statutes. The Court justified its decision to stay the case while the Department of Health and Human Services completes its reconsideration of the Rule stating it would promote judicial efficiency without unduly prejudicing the Plaintiffs.

As applied by the Defendant Department of Health and Human Services pursuant to Section 1557 of the ACA, the Rule forbids discrimination on the basis of "gender identity" and "termination of pregnancy" under Title IX, where "gender identity" is defined as "an individual's internal sense of gender, which may be male, female, neither, or a combination of male and female, and which may be different from an individual's sex assigned at birth," and where the phrase "termination of pregnancy" is undefined.[2] The Rule resulted in the lawsuit pending in Texas, where eight states and three faith-based private healthcare entities argued that the Rule required the Plaintiffs "to perform and provide insurance coverage for gender transitions and abortions, regardless of their contrary religious beliefs or medical judgment."[3]

In December 2016, the Court responded to these concerns and granted nation-wide preliminary injunctive relief to the Plaintiffs, finding that the Rule contradicted existing law, exceeded statutory authority, and likely violated the Religious Freedom Restoration Act. The Department of Health and Human Services then filed this motion to remand or stay the case pending reconsideration of the Rule so that the Department may reconsider aspects of the Rule challenged in the case. The Court held that "courts ordinarily allow the rulemaking agency an opportunity to reconsider a rule when it cites serious and legitimate concerns, even in the absence of confessed error and before

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[1] *Franciscan Alliance, Inc. v. Price,* No. 7:16-cv-00108-0, (N.D. Tex. July 10, 2017).

[2] 45 C.F.R. § 92.4.

[3] *Franciscan*, No. 7:16-cv-00108-O at 1.

consideration of the merits."[4] The Court further rejected Plaintiffs' argument that the Department of Health and Human Services' motion was untimely and that the stay would result in undue prejudice.

The Court further clarified that its December 2016 preliminary injunction order remains in full force and effect throughout the entirety of the stay's duration. J&K will continue to monitor this matter in the coming months while the Rule is under review. For further information, please contact our office.

Tussey v. ABB, Inc.

Plan participants will get another shot to obtain damages in a case in which the District Court for the Western District of Missouri found plan administrators had breached their fiduciary duty, but awarded no damages. *Tussey v. ABB, Inc*. has been an ongoing case since 2006 with multiple trips to the United States Court of Appeals for the Eighth Circuit.[5] Specifically, *Tussey* provides an interesting insight into a case where a court held plan fiduciaries breached their fiduciary duty by switching investment options to obtain favorable fee treatment, even though the participants did not necessarily incur massive investment losses.

ABB, Inc. ("ABB") provided its employees with a 401(k) Plan ("Plan"). In early 2000, ABB's Pension Review Committee ("Investment Committee") adopted a written investment policy statement, which split investment options for the Plan into three tiers for investors to choose from. One of the tiers (hereinafter referred to as the "third tier") was for participants unwilling or unable to decide upon an asset allocation. In the event a participant was a third tier investor, the funds were invested in a professionally managed fund, which was allegedly appropriate for the participants' investment goals. This fund was managed by an investment committee ("ABB Fiduciaries").[6] In addition, the investment committee decided to switch third tier investors' investments from the Vanguard Wellington Fund ("Vanguard Funds") (a fund with an asset allocation of stocks and bonds) to the Fidelity Freedom Funds ("Freedom Funds") (with target dates at ten year intervals).

In 2006, Plan participants filed a lawsuit against the ABB Fiduciaries and two Fidelity companies (the record keeper and investment advisor) for breach of fiduciary duty. During the case, evidence was presented that the director of the Investment Committee had communicated with Fidelity, prior to making the switch from the Vanguard Funds, about how the switch would result in more favorable pricing and fees for ABB.[7] As a result, the participants argued that the decision to make the switch from the Vanguard Funds to the Freedom Funds was principally motivated by the ABB Fiduciaries' desire to get a better deal for themselves as opposed to doing what was best for the Plan. The ABB Fiduciaries, on the contrary, argued they had discretion over the Plan's investment choices and the choice here to switch was reasonable given the circumstances at the time.[8]

The District Court for the Western District of Missouri agreed with the participants, and held that even though the decision of the ABB Fiduciaries may have been reasonable from an investment standpoint, the ABB Fiduciaries were liable for breach of fiduciary duty because they (1) replaced the Vanguard Funds with the Freedom Funds based on self-interest to benefit ABB's pricing and fee structure, (2) failed to properly monitor and control recordkeeping costs, and (3) agreed to make the plans overpay for Fidelity services in return for Fidelity charging less for corporate services. The District Court also held the Fidelity defendants liable because they failed to credit float income (interest earned when money was being added or taken out of Plan investments) to the Plan rather than back to the investments. The District Court awarded the Plan participants $35.2 million against the ABB Fiduciaries, $1.7 million against the Fidelity defendants, and $12.9 million in attorney's fees.[9]

The Defendants appealed the case to the Eighth Circuit Court of Appeals, where the Circuit Court affirmed the holding that there was a breach of fiduciary duty, but sent the case back to the District Court for a damages calculation. One of the principal issues the Eighth Circuit sent back to the District Court was to determine how much the participants were owed from the breach. The Eighth Circuit held that "as calculated, the original award for switching the funds was speculative and exceeded the losses to the plans resulting from any fiduciary breach."[10]

In calculating damages, the District Court held that the participants failed to prove any losses, under the theory that it believed the Eighth Circuit tacitly approved comparing the investment the ABB Fiduciaries chose in the Freedom Funds to the worst investment they could have chosen to determine the amount of damages to award the participants. Thus, while the ABB Fiduciaries were held to have breached their fiduciary duty, the District Court

[4] *Id.*
[5] *Tussey v. ABB, Inc*., 850 F.3d 951 (8th Cir. 2017).
[6] *Id.* at 954-55.
[7] *Id.* at 957-58.
[8] *Id*. at 958.
[9] *Id*. at 955.
[10] *Id*. at 959.

awarded *no damages* to the participants for the breach based on this comparison. The participants appealed again to the Eighth Circuit, nearly ten (10) years after the case originally began.

On its second trip to the Eighth Circuit, the Eighth Circuit once again affirmed the District Courts' holding that the ABB Fiduciaries breached their fiduciary duty to the participants. However, the Eighth Circuit held the District Court again misinterpreted its previous holding on how to calculate damages for the switch of investment funds. Specifically, the Eighth Circuit held that the District Court should not have calculated damages by comparing the investment the ABB Fiduciaries chose to the worse performing investment they could have chosen, but rather instructed the District Court to make its own determination of the amount of damages caused by the breach of fiduciary duty based on the evidence presented.[11] As a result, the Eighth Circuit has once again remanded the case to the District Court for the District Court to decide upon a method to determine the damages that should be awarded to the participants for the ABB Fiduciaries breach of fiduciary duty resulting from the decision to switch the Vanguard Funds to the Freedom Funds.

The District Court's decision will be an important one as it may set forth a new method for calculating damages when a fiduciary is held in breach for taking a similar action. It is also a very unique case where the breach of fiduciary duty was not as motivated by the losses incurred in the new investment chosen, as compared to the fact that the decision to switch the investment was motivated principally by self-interest to benefit the company. It will be very important to see if the District Court once again comes back with no award for the breach of fiduciary duty. As a result, it is important for plan fiduciaries to continue to watch the development of this case as it will likely be appealed again to the Eighth Circuit after the District Court's next decision.

New Paid Sick Leave Laws for Chicago and Cook County Took Effect on July 1, 2017

Recently, the City of Chicago and Cook County passed nearly matching sick leave ordinances both with an effective date of July 1, 2017. Essentially, all Chicago and Cook County employers were impacted.

Under the new ordinances, qualified employees begin to accrue paid sick leave benefits on the first calendar day after the employee begins work or on the effective date of the ordinances, July 1, 2017. The ordinances require that employees must accrue at least one (1) hour of paid sick leave for every forty (40) hours worked. Employees can accrue up to 40 hours of paid sick leave per year. Employers must also allow employees to begin using earned paid sick leave no later than on the 180th calendar day following the beginning of the employee's employment, or on the effective date of the ordinances.

Pursuant to the ordinances, employers cannot require employees to search for or find a replacement worker to cover their absence. If the need for sick leave is reasonably foreseeable, the employer may require up to seven (7) days' notice before leave is taken. If the need for sick leave is not reasonably foreseeable, the employer may require that the employee give notice as soon as it is practicable on the day the employee intends to take sick leave.

An employer's ability to ask for a doctor's note or other sick leave documentation is limited under the ordinances. An employer may only require an employee to provide documentation from a health care provider or other proof of absence if the employee is absent for more than three (3) consecutive work days. While an employer can discipline an employee for using sick leave for purposes other than those permitted, this constraint may make policing difficult.

Further, the ordinances prohibit retaliation or discrimination against an employee who exercises his or her rights pursuant to the ordinances. Failure to comply with the ordinances could be costly; if litigated in court, an employee may receive up to three times the full amount of any unpaid sick leave denied or lost by reason of a violation, plus interest. Employers can also be forced to pay attorneys' fees and costs. The ordinances provide a three year statute of limitations for bringing claims.

The nearly matching ordinances apply to employers of all sizes. Even if an employer has only one employee, the ordinances apply. The ordinances also apply equally to salaried workers, hourly workers, and workers exempt from overtime requirements. However, unlike vacation benefits, employers are generally not required to pay out unused earned sick leave upon an employee's separation from employment.

The ordinances require employers to post notices describing employees' rights under the new laws. Both the City of Chicago and Cook County have uploaded compliant notice posters on their respective websites. Additionally, employers in Chicago are required to provide each employee with a handout describing their rights under

[11] *Id*. at 960-62.

the law with the first paycheck issued after the effective date of July 1, 2017.

Notably, the ordinances do not apply to collective bargaining agreements in place before July 1, 2017. For collective bargaining agreements ratified after July 1, 2017, employees governed by these agreements are entitled to paid sick leave as required by the ordinances, unless the employees clearly and expressly waive paid sick leave in their collective bargaining agreement.

Employers and individuals in Illinois should also remain aware of the Illinois Employee Sick Leave Act, effective January 1, 2017, and which the new Cook County and Chicago ordinances correlate with. Under the Act, an employer must allow employees to use sick leave benefits for absences due to an illness, injury, or medical appointment of the employee's child, spouse, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent, for reasonable periods of time on the same terms upon which the employee is able to use sick leave benefits for the employee's own illness or injury. Employers are prohibited from retaliating against employees for using personal sick leave benefits and attempting to exercise their rights.

In addition, under the Cook County and Chicago ordinances, employees can use sick leave if the employee or a family member is a victim of domestic or sexual violence, or if the employee's place of business or child care facility has been closed due to a public emergency. These rights are in addition to the rights guaranteed by the Illinois Employee Sick Leave Act.

Employers should review their current policies and practices to ensure that they are in compliance with the new ordinances. Employers may also need to draft new policy language to ensure compliance with the ordinances. For further information and guidance, please contact our office.

Missing Participants Receive Scrutiny

The Department of Labor ("DOL"), Internal Revenue Service ("IRS"), and Pension Benefit Guaranty Corporation ("PBGC") are all taking initiatives regarding missing retirement plan participants.

The DOL, through its agency the Employee Benefits Security Administration ("EBSA"), has established a new missing participant enforcement initiative. EBSA started this initiative out of its Philadelphia office.

The EBSA Philadelphia office investigated large defined benefit plans to determine whether terminated vested participants are receiving their benefits. The EBSA initiative found that plans often take no action to locate missing participants. Further, many participants are not commencing benefits as of their required beginning date ("RBD"), and thus incurring excise taxes. The RBD is the April 1 of the year following the year the participant attains age 70 ½. EBSA officials have opined that trustees may incur fiduciary liability for such excise taxes where no action is taken to locate missing participants.

EBSA has expanded the initiative to all ten of the DOL Regional Offices. The enforcement is likely to target large single employer plans, but multiemployer plans may also be in the mix. EBSA will be looking to see if plans have missing participant policies in place and whether those policies are being followed.

The DOL has issued Field Assistance Bulletin 2014-1 which outlines procedures for contacting missing participants. Such procedures include searching companion plan and union records, free internet searches, and use of a commercial locator service.

The DOL is not the only government agency that has stepped up enforcement in this area. The IRS is also interested in the timely payment of plan benefits. On audit, the IRS is reviewing whether plans are making appropriate payments at the participant's RBD. The IRS is also scrutinizing benefit calculations at normal retirement age ("NRA"). Participants who retire after NRA are entitled to value for any missed payments that are not subject to the plan's suspension of benefits rules.

In addition, the PBGC is expanding its program for locating missing participants. The current program is limited to missing participants in single employer defined benefit pension plans. The PBGC is also proposing to expand the program to include multiemployer defined benefit plans and individual account defined contribution plans.

Increased scrutiny in the future may also be triggered by a new question on the Form 5500. Schedule H now includes a question regarding whether the plan has failed to provide any required benefits at the participant's RBD and requests the total amount that remains unpaid for all previous years. Answering "yes" may trigger an audit by the DOL and/or the IRS. However, additional clarification is expected so that a plan will not have to report such unpaid benefits, if it is taking appropriate action to locate the missing participants.

The bottom line is that with this increased government scrutiny multiemployer plans should adopt a missing participant policy and follow it.

IRS Releases Substantiation Guidelines for Safe-Harbor Hardship Distributions

On February 23, 2017, the Internal Revenue Service ("IRS") released a memorandum proving guidelines for Safe-Harbor Hardship distributions for Section 401(k) Plans.[12] On March 7, 2017, the IRS released a second memorandum stating that these guidelines also apply to Section 403(b) Plans.[13]

Section 401(k) plans will allow employees to receive a distribution before eligibility if it constitutes a hardship distribution. A hardship distribution is "deemed to be on account of an immediate and heavy financial need." There are six circumstances that are identified as hardship distributions: 1) expenses for medical care; 2) purchase of a principal residence; 3) payment of tuition or related educational fees; 4) payments necessary to prevent eviction from a principal residence or foreclosure; 5) burial or funeral expenses; and 6) repair of damages to a principal residence.

Substantiation or proof is required to determine that a distribution of funds qualifies as a hardship distribution on account of an immediate and heavy financial need. In its memorandum, the IRS provides administrative guidelines in order for a Section 401(k) plan to determine whether the substantiation provided is sufficient to determine that the distribution can be categorized as a hardship distribution. Additionally, the memorandum, via an attachment, provides a list of information required to substantiate each hardship distribution. The attachment also outlines notifications that an employee must receive before a distribution occurs.

A summary of the Administrative Guidelines provided by the IRS is as follows:

1. Determine whether a) source documents, or b) a summary of the information contained in the source documents are obtained before a distribution is made.
2. Provide the employee seeking the distribution with the required notifications relevant to the distribution.
3. Review the source documents provided to determine whether they substantiate the hardship distribution. If a summary of the information in the source documents is obtained instead, review the summary to assure it contains the required information. If the summary of the information is incomplete or inconsistent, then source documents may also be requested to substantiate the distribution.
   a. If an employee has received more than 2 hardship distributions in a plan year, and no adequate explanation has been provided, source documents may be requested to substantiate the distribution.
4. If a summary of information contained in the source documents is obtained by a third-party administrator, determine whether the third-party administrator provides a report or other access to data to the employer, at least annually, describing the hardship distributions made during the plan year.

Per the IRS, if a plan can fulfill all these requirements, then the plan has adequately satisfied its duty to substantiate a hardship distribution deemed to be on account of an immediate and heavy financial need. Additionally, as mentioned above, the memorandum's attachment describes what information should be sought in order to substantiate a hardship distribution. As a result, these guidelines are a great source when a plan processes a hardship distribution. If you have any questions about these guidelines, please contact our office.

Apprenticeship Equal Opportunity Regulations Rollout

On December 19, 2016, the Department of Labor ("DOL") published a final rule updating the guidelines on how registered apprenticeship programs must ensure equal employment opportunities for all apprentice applicants.

According to the DOL, the updated regulations are intended to help registered apprenticeship programs reach larger and more diverse groups of workers and to expand protections against discrimination to include a broader range of the available workforce. According to the Department, there were approximately 200,000 employers that offered registered apprenticeship training to more than 455,000 apprentices at the end of the fiscal year 2015, and that number has increased. Since 2014, about 125,000 American workers began careers through registered apprenticeships. In rolling out the final rule, the DOL stated that it studied demographic patterns and documented experiences in apprenticeships of members of specific

[12] Memorandum from Thomas J. Petit, Acting Dir., Employee Plans Examinations at the IRS, on Substantiation Guidelines for Safe-Harbor Hardship Distributions from Section 401(k) Plans (Feb. 23, 2017)(on file with the IRS), available at https://www.irs.gov/pub/foia/ig/spder/tege-04-0217-0008.pdf.

[13] Memorandum from Thomas J. Petit, Acting Dir., Employee Plans Examinations at the IRS, on Substantiation Guidelines for Safe-Harbor Hardship Distributions from Section 403(b) Plans (March 7, 2017)(on file with the IRS), available at https://www.irs.gov/pub/foia/ig/spder/tege-04-0317-0010.pdf.

underrepresented groups and determined that many groups still face barriers to either entering or completing the programs.

Some of the significant changes under the new regulations are highlighted below.

1. Extending protections against discrimination to include a broader range of America's workforce, including protections based on disability, age (40 or older), sexual orientation, and genetic information;
2. Clarifying the affirmative steps that Program Sponsors must take to ensure equal opportunity in apprenticeship;
3. Clarifying the outreach, recruitment, and retention activities expected of apprenticeship program sponsors by specifying common-sense required activities, such as developing a list of recruitment sources and providing those sources advance notice of apprenticeship openings; and
4. Reworking the process for analyzing the talent available in the labor market to establish goals for diversity in apprenticeship.

The DOL developed a phased-in compliance schedule which allows existing Program Sponsors to bring their programs fully into compliance over a two year period. However, the first phase of the program must be enacted within 180 days of the final rule's effective date, or July 18, 2017. Apprenticeship programs should also designate responsible individuals to oversee the programs' commitment to equal opportunity in registered apprenticeship, which includes oversight of the program's affirmative action program. If you have any questions regarding compliance with the DOL's guidelines, please contact our office.

A Participation Agreement Can Continue an Employer's Obligation to Contribute to Multiemployer Funds Beyond Termination of CBA or Decertification of Union

In November 2016, a District Court Judge from the Northern District of Illinois entered summary judgment in favor of J&K's client, the Automobile Mechanics' Local No. 701 Union and Industry Pension and Welfare Funds ("Funds"), on the Funds' claim that the non-Union arm of a double-breasted shop was liable for contributions on behalf of the Union arm of the double-breasted shop.[14]

In 2009, Dodge of Naperville, which was a Union shop with an obligation to contribute on behalf of its employees working as mechanics, shut its doors. At that time, it offered its bargaining-unit employees position at a sister location, Burke Automotive Group. However, as a condition of employment, the employees would be required to abandon the Union. Some of the employees moved over to Burke Automotive Group and the Union filed a charge with the NLRB alleging violations of the NLRA. Specifically, the Union argued that Burke Automotive Group was a "single employer" with Dodge of Naperville and, thus, was bound to Dodge of Naperville's Collective Bargaining Agreement ("CBA"). The ALJ held in favor of the Union. The ALJ's decision was subsequently affirmed by the NLRB and the D.C. Circuit Court of Appeals. At that time, the Funds reinstated the lawsuit for contributions.

In the Funds' case, Dodge of Naperville and Burke Automotive argued that the determination of damages for the Union's NLRB charge was in the sole discretion of an ALJ at the NLRB. In that forum, the Dodge of Naperville and Burke Automotive Group argued that it had reached an impasse with the Union, thereby cutting of its liability to the Funds. However, the Court held that the Funds had a separate cause of action, independent from the CBA, based on the Participation Agreements entered into by the Funds and Dodge of Naperville. And, since neither Dodge of Naperville nor Burke Automotive Group ever terminated the Participation Agreements as required by their terms, the Funds had a valid claim for unpaid contributions.

Therefore, even in the event of an employer terminating a collective bargaining agreement or a union decertification, a separate obligation to contribute to multiemployer funds may exist through participation agreements.

IRS Proposes Rules to Change Pension Plans' Minimum Present Value Requirement

In November 2016, the Internal Revenue Service ("IRS") issued its proposed regulations to clarify and update pension plans' minimum present value requirements under Section 417(e) of the tax code. Specifically, REG-107424-12 would provide guidance as to changes made by the Pension Protection Act of 2006 and eliminate certain provisions that it has rendered obsolete. As written, the proposed

[14] *Trs. of the Auto. Mechanics Industry Welfare & Pension Funds of the Int'l Assn. of Machinists & Aero. Workers AFL-CIO, Local 710 v. Dodge of Naperville, Inc.*, No. 10-CV-7408, 2016 U.S. Dist. LEXIS 158832 (N.D. Ill. November 15, 2016).

regulations stand to impact defined benefit plan participants, beneficiaries, sponsors, and administrators.

If implemented, REG-107424-12 would address issues raised in *West v. AK Steel Corporation Retirement Accumulation Pension Plan*, 484 F.3d 395 (6th Cir. 2007) and *Berger v. Xerox Corporation Retirement Income Guarantee Plan*, 338 F.3d 755 (7th Cir. 2003) as to whether a plan that provides a death benefit equal in value to the accrued benefit may apply a preretirement mortality discount for the probability of death when determining the amount of a single-sum distribution. In *AK Steel* and *Berger*, the courts found that a preretirement mortality discount could not manifest in the present-value calculation of a participant's single-sum distribution under a defined benefit plan if the plan's death benefit was equal to the participant's accrued benefit. *Id*. The courts held that in instances where the participant's beneficiary is entitled to the participant's entire accrued benefit should the participant die before his or her normal retirement age, a mortality discount for the period prior to the normal retirement age would violate ERISA vesting rules by resulting in a partial forfeiture of benefits. *Id*.

Specifically, REG-107424-12 would clarify that the probability of death pursuant to the applicable mortality table generally would be included in the calculation of the present value of participant's accrued benefit derived from employer contributions. The calculation would be made regardless of the plan's death benefits, other than a death benefit that is part of the normal form of benefit or part of a separate optional benefit. In contrast, the probability of death during the assumed deferral period would not be considered when calculating the present value of a participant's accrued benefit derived from employee contributions.

Additionally, REG-107424-12 would clarify that the minimum value requirements apply to social security level income options. REG-107424-12 would also mandate that any optional form of benefit cannot be less than the present value of the normal retirement benefit, with an exception for an optional form of benefit payable after the normal retirement age to the extent that a suspension of benefits applies. In considering the potential impact of REG-107424-12, plan sponsors should review their pension plans in order to determine whether calculations for optional forms of payment, including lump-sum distributions and social security level income options, are in compliance with the proposed minimum present value requirements in anticipation of the IRS's final regulations.

Welcome to Johnson & Krol's Newest Associate Attorney Roberto Martell Jr.

Education

Juris Doctor (2013), Chicago-Kent College of Law

Bachelor of Arts (Political Science and History) (2010)
University of Illinois at Urbana-Champaign

During law school, Roberto was a judicial extern for the Honorable Brigid M. McGrath in the Circuit Court of Cook County, Law Division where he gained valuable legal research and writing experience

Prior to joining the firm, Roberto served as an Assistant Attorney General at the Illinois Attorney General's Office working in the General Law Bureau. While there, he represented the Illinois Department of Labor in enforcing fair labor standards across the state of Illinois. He also represented a wide variety of other agencies, including the Illinois State Police and the Illinois Secretary of State's Office.

Roberto's practice concentrates in ERISA litigation and labor litigation.

Roberto is a licensed Attorney in Illinois and the U.S. Northern District of Illinois.

IFEBP 63rd Annual Employee Benefits Conference

Johnson & Krol is excited to be exhibiting at the IFEBP'S 63rd Annual Conference being held in Las Vegas, October 22-25, 2017. This program is the largest event of its kind, offering an extensive selection of educational sessions and many opportunities for networking with your peers.

With 200+ exhibitors, the conference is the most significant gathering of providers in the world, and we would love to see you there. Johnson & Krol will be hosting an exhibit at Booth #823 in the exhibit hall.

The Annual Conference offers a vast amount of sessions on the most up to date and relevant issues facing you and your trust funds including health care, pensions, fiduciary responsibility, investments, retirement security and financial education, apprenticeship training and so much more!

Visit the IFEBP website for full program details and registration information. If you have any questions, please feel free to contact me, or call the IFEBP directly at (888) 334-3327, option 2.

We hope to see you in Las Vegas!

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Guest Speaker

International Foundation of Employee Benefits 63rd Annual Conference

October 22 – 25, 2017
Las Vegas, NV

Session #H20
Nuts and Bolts of Merging Health Funds

Monday, October 23
9:15 – 10:30am

Tuesday, October 24
10:30 – 11:45am

We encourage you to contact
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If you have any questions regarding the content within this newsletter.
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