

10/28  
pass dup

**LOCAL 272 WELFARE FUND**  
220 EAST 23<sup>RD</sup> STREET  
ROOM 805  
NEW YORK, NY 10010  
(212) 726-9730 – FAX (212) 726-9737

October 13, 2010

Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight  
Attention James Mayhew, Room 737-F-04  
200 Independence Avenue SW  
Washington, DC 20201

Re: Waiver from restricted annual limits

Dear Mr. Mayhew:

The Local 272 Welfare Fund is a “Taft-Hartley” Welfare Fund that provides health care benefits to approximately 12,000 participants. This letter is our application for a waiver from the restricted annual limits set forth in the interim final regulations. The reason for the request for the waiver is that compliance would result in a significant decrease in access to benefits by the current participants in the plan. The plan provides benefits, as set forth in the enclosed Local 272 Welfare Fund Summary Plan Description, to approximately (b)(4) members of the plan and (b)(4) dependents. The plan has an annual limit of (b)(4) in medical benefits per participant and a \$250,000 lifetime limit. The maximum prescription benefit per year is (b)(4) per participant

All contributions (premiums) received by the Local 272 Welfare Fund are pursuant to a collective bargaining agreement between the Garage Employees Union Local 272 and various employers. The collective bargaining agreement provides for set contribution rates until the expiration of the agreement on March 5, 2014 (a copy of the collective bargaining agreement is enclosed). If the plan were to eliminate the annual limits as provided in the plan, the Trustees of the Plan would have to decide whether to decrease or eliminate some benefits, significantly increase co-pays and coinsurance or eliminate coverage for all dependents. Any prudent decision the Trustees of the Plan would be required to make would seriously restrict the access, by participants, to the benefits currently provided by the Plan. The participants of the plan have been negatively impacted by the current economic conditions in the industry in which they are employed. There has been a reduction in hours worked and the number of people employed in the industry has dwindled downward over the past few years. For the year ended 11/30/2008, the Fund’s employer contributions were (b)(4) or approximately (b)(4) annually per employee covered as compared to (b)(4), or approximately (b)(4) per employee covered for the year ended 11/30/2009. To provide benefits, the Fund paid (b)(4) for the year

Mr. James Mayhew

Page 2

October 13, 2010

ended 11/30/2008, or approximately (b)(4) annually per covered employee as compared to (b)(4) or (b)(4) annually per covered employee for the year ended 11/30/2009.

Preliminary estimates for the current year are for the contributions to drop by about four percent and for benefit costs to increase by approximately (b)(4). For the plan year beginning 12/01/2010, it is anticipated that contributions will remain flat and that benefits costs will rise in excess of (b)(4) without a waiver from the restricted annual limits set forth in the interim final regulations.

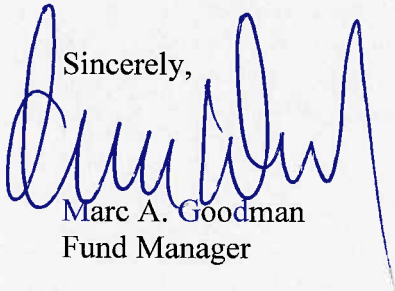
Reserves of the Fund have decreased by (b)(4) over the past two years and for the year ending 11/30/2010, it is now estimated that reserves have decreased by another (b)(4).

Reserves are now dangerously low. Without a waiver from the restricted annual limits set forth in the interim final regulations, the Fund would not be able to continue to provide the benefits it now provides without seriously restricting access to the plan of benefits.

The Local 272 Welfare Fund requests a waiver of the restricted annual limit requirements, for the plan year commencing on December 1, 2010, so it can continue to provide benefits available to all participants currently covered under the plan.

I attest that the plan, for which this waiver is requested, was in force prior to September 23, 2010; and that the application of restricted annual limits to the plan would result in a significant decrease in access to benefits for those individuals covered by the plan.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marc A. Goodman", is written over the typed name and title.

Marc A. Goodman  
Fund Manager

Pages 3 through 23 redacted for the following reasons:

-----

(b)(4)

1/5/11

**LOCAL 272 WELFARE FUND**

220 EAST 23<sup>RD</sup> STREET  
ROOM 805  
NEW YORK, NY 10010  
(212) 726-9730 – FAX (212) 726-9737

December 31, 2010

Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight  
Attention James Mayhew, Room 737-F-04  
200 Independence Avenue SW  
Washington, DC 20201

Re: Waiver from restricted annual limits

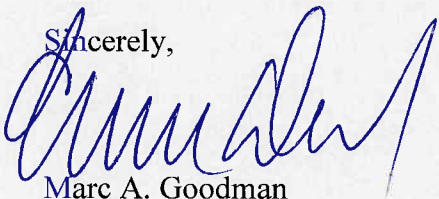
Dear Mr. Mayhew:

On October 28, 2010, the Office of Consumer Information and Insurance Oversight received a request from the Local 272 Welfare Fund regarding a waiver from restricted limits. I am enclosing copies of the information from the US Postal Service documenting the receipt of the request and a copy of the original request. To date, the Local 272 Welfare Fund has not received a response to its application.

The Trustees of the Fund have decided not to take the drastic action necessary, as outlined in our original request, pending a response from your office. Unfortunately, the cost of not having the waiver cannot be absorbed by the Fund and we may have to terminate (b)(4) dependents from coverage.

I trust that you understand our dilemma as we await a response.

Sincerely,



Marc A. Goodman  
Fund Manager

Attachments



EB 988000075 US



Customer Copy  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 10010	Day of Delivery Next <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th Day	Postage \$ 18.30	
Date Accepted 10 27 10	Scheduled Date of Delivery Month 10 Day 28	Return Receipt Fee \$	
Time Accepted 3:02 PM	Scheduled Time of Delivery Non <input checked="" type="checkbox"/> 3PM	COB Fee <input type="checkbox"/> Insurance Fee <input type="checkbox"/>	
Flat Rate <input type="checkbox"/> for Weight 15 lbs 0 oz	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	Total Postage & Fees \$ 18.30	Acceptance Employee Initials EN

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

CUSTOMER USE ONLY	
PAYMENT BY ACCORD (SIC) Express Mail Corporate <input type="checkbox"/> No	WAIVER OF SIGNATURE <input checked="" type="checkbox"/> Additional charges for insurance (with customer request) and signature (with customer request) are not required. Signature of addressee can be obtained by mail carrier or authorized employee signature can be obtained by mail carrier.
General Agency Acct. No. or Postal Service Acct. No.	
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Workday <input type="checkbox"/> Holiday	Mailbox Signature

FROM: (PLEASE PRINT) PHONE: ( )

LOCAL 272 WELFARE FUND  
220 E 23 St Room 805  
NEW YORK NY 10010

TO: (PLEASE PRINT) PHONE: ( )

DEPARTMENT OF HEALTH & HUMAN SERVICES  
OFFICE OF CONSUMER INFORMATION - INS OVERSIGHT  
OFFICE OF OVERSIGHT  
ATTENTION: SANDY MANNEN, RM 732-F-04  
200 INDEPENDENCE AVE SW  
WASHINGTON, DC

FOR PICKUP OR TRACKING  
Visit [www.usps.com](http://www.usps.com)  
Call 1-800-222-1811

(U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)  
2 0 2 0 1 + [ ] [ ] [ ] [ ]  
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW



[Home](#) | [Help](#) | [Sign In](#)

[Track & Confirm](#)

[FAQs](#)

## Track & Confirm

### Search Results

Label/Receipt Number: **EB93 8800 075U S**  
Guaranteed Delivery Date/Time: **October 28, 2010, 12:00 PM**  
Class: **Express Mail®**  
Status: **Delivered**

Your item was delivered at 11:24 am on October 28, 2010 in WASHINGTON, DC 20201 to HHS 20201 R9 . The item was signed for by D RICKS.

#### Detailed Results:

- **Delivered, October 28, 2010, 11:24 am, WASHINGTON, DC 20201**
- **Sorting Complete, October 28, 2010, 10:08 am, WASHINGTON, DC 20022**
- **Arrival at Post Office, October 28, 2010, 7:14 am, WASHINGTON, DC 20022**
- **Processed through Sort Facility, October 27, 2010, 4:45 pm, NEW YORK, NY 10199**
- **Acceptance, October 27, 2010, 3:07 pm, NEW YORK, NY 10010**

#### Notification Options

#### Proof of Delivery

Verify who signed for your item by email, fax, or mail. [Go >](#)

#### Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

[Site Map](#)

[Customer Service](#)

[Forms](#)

[Govt. Services](#)

[Careers](#)

[Privacy Policy](#)

[Terms of Use](#)

[Business Customer Gateway](#)

Copyright © 2010 USPS. All Rights Reserved.

No FEAR Act EEO Data

FQIA

Postal Inspection  
Exemption from laws

Internet-based  
Knowledge for you



Date: 12/15/2010

Marc Goodman:

The following is in response to your 12/15/2010 request for delivery information on your Express Mail(R) item number EB93 8800 075U S. The delivery record shows that this item was delivered on 10/28/2010 at 11:24 AM in WASHINGTON, DC 20201 to D RICKS. The scanned image of the recipient information is provided below.

Signature of Recipient:

Delivery Section  
Dora Ricks  
DORA RICKS

Address of Recipient:

HHS 20201

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service

Pages 28 through 143 redacted for the following reasons:

-----

(b)(4)





**From:** Ann Bender [abender@chicagotileinstitute.org]  
**Sent:** Thursday, December 30, 2010 10:50 AM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Cc:** fmarco@gregoriolaw.com  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Hi Jennifer –

By stating “None” in that column, I simply meant that if the Plan was required to change its Annual Limit from (b)(4) to \$750,000 in 2011, the participant would not see a difference in the type or arrangement in how they would have Access to Benefits.

However, reading it now, I suppose you could say that if the Plan was required to change its Annual Limit from (b)(4) to \$750,000 in 2011, each individual covered by the Plan would have Access to an additional (b)(4) in Benefits in 2011.

I guess I was confused by whether that cell was looking for a description or a dollar amount. I hope I was able to answer your request appropriately.

Respectfully,

Ann M. Bender, CEBS  
**Chicago Tile Institute Welfare Fund**  
725 E. Irving Park Road, Suite B  
Roselle, IL 60172  
ph (630) 924-4990  
fax (630) 924-4991

*This email message, including any attachment(s), is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender by email.*

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 30, 2010 7:48 AM  
**To:** Ann Bender  
**Cc:** [fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Hi Ann

I have received your spreadsheet and would like to request a small clarification. Under the column “Access to benefits that would result from compliance with \$750,000 Annual Limit Restriction” you entered “None”. Please elaborate on what you mean by this response.

CHICAGO TILE:000010

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Ann Bender [<mailto:abender@chicagotileinstitute.org>]  
**Sent:** Wednesday, December 29, 2010 3:44 PM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Cc:** [fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)  
**Subject:** FW: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Hello Jennifer –

Please find attached the spreadsheet you have requested (see below) for the Chicago Tile Institute Welfare Fund. If you should have any questions regarding this information, please do not hesitate to contact either Frank Marco or myself.

Respectfully,

Ann M. Bender, CEBS  
**Chicago Tile Institute Welfare Fund**  
725 E. Irving Park Road, Suite B  
Roselle, IL 60172  
ph (630) 924-4990  
fax (630) 924-4991

*This email message, including any attachment(s), is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender by email.*

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]

CHICAGO TILE:000011

**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as "Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)", fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.

CHICAGO TILE:000012

3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
CHICAGO TILE:000013

**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

CHICAGO TILE:000014

**From:** Sheer, Jennifer (HHS/OCIIO)  
**Sent:** Thursday, December 30, 2010 11:00 AM  
**To:** 'Ann Bender'  
**Cc:** fmarco@gregoriolaw.com  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi Ann

I can understand your confusion; a description was what we were looking for, and your reply provided just that. Thank you for the clarification.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Ann Bender [<mailto:abender@chicagotileinstitute.org>]  
**Sent:** Thursday, December 30, 2010 10:50 AM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Cc:** [fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Hi Jennifer –

By stating “None” in that column, I simply meant that if the Plan was required to change its Annual Limit from (b)(4) to \$750,000 in 2011, the participant would not see a difference in the type or arrangement in how they would have Access to Benefits.

reading it now, I suppose you could say that if the Plan was required to change its Annual Limit from (b)(4) to \$750,000 in 2011, each individual covered by the Plan would have Access to an additional (b)(4) in Benefits in 2011.

I guess I was confused by whether that cell was looking for a description or a dollar amount. I hope I was able to answer your request appropriately.

CHICAGO TILE:000015

Respectfully,

Ann M. Bender, CEBS

**Chicago Tile Institute Welfare Fund**

725 E. Irving Park Road, Suite B

Roselle, IL 60172

ph (630) 924-4990

fax (630) 924-4991

*This email message, including any attachment(s), is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender by email.*

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 30, 2010 7:48 AM  
**To:** Ann Bender  
**Cc:** [fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Hi Ann

I have received your spreadsheet and would like to request a small clarification. Under the column "Access to benefits that would result from compliance with \$750,000 Annual Limit Restriction" you entered "None". Please elaborate on what you mean by this response.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

**This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.**

---

**From:** Ann Bender [<mailto:abender@chicagotileinstitute.org>]  
**Sent:** Wednesday, December 29, 2010 3:44 PM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Cc:** [fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)  
**Subject:** FW: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

CHICAGO TILE:000016



Hello Jennifer –

Please find attached the spreadsheet you have requested (see below) for the Chicago Tile Institute Welfare Fund. If you should have any questions regarding this information, please do not hesitate to contact either Frank Marco or myself.

Respectfully,

Ann M. Bender, CEBS

**Chicago Tile Institute Welfare Fund**

725 E. Irving Park Road, Suite B

Roselle, IL 60172

ph (630) 924-4990

fax (630) 924-4991

*This email message, including any attachment(s), is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender by email.*

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as “Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)”, fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

CHICAGO TILE:000017

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are

fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.

II. In addition, please provide the following information:

- Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
- In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
- The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Thursday, December 30, 2010 8:48 AM  
**To:** 'Ann Bender'  
**Cc:** fmarco@gregoriolaw.com  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Hi Ann

I have received your spreadsheet and would like to request a small clarification. Under the column "Access to benefits that would result from compliance with \$750,000 Annual Limit Restriction" you entered "None". Please elaborate on what you mean by this response.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Ann Bender [<mailto:abender@chicagotileinstitute.org>]  
**Sent:** Wednesday, December 29, 2010 3:44 PM  
**To:** Sheer, Jennifer (HHS/OCIO)  
**Cc:** [fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)  
**Subject:** FW: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Hello Jennifer –

Please find attached the spreadsheet you have requested (see below) for the Chicago Tile Institute Welfare Fund. If you should have any questions regarding this information, please do not hesitate to contact either Frank Marco or myself.

Respectfully,

CHICAGO TILE:000020

Ann M. Bender, CEBS

**Chicago Tile Institute Welfare Fund**

725 E. Irving Park Road, Suite B

Roselle, IL 60172

ph (630) 924-4990

fax (630) 924-4991

*This email message, including any attachment(s), is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender by email.*

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as "Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)", fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

*Frank Marco*

CHICAGO TILE:000021

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may

CHICAGO TILE:000022

add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.

- The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**From:** Frank A. Marco [fmarco@gregoriolaw.com]  
**Sent:** Thursday, December 09, 2010 6:36 PM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document.

With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and

CHICAGO TILE:000024



the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----

**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Friday, December 10, 2010 8:21 AM  
**To:** 'Frank A. Marco'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application  
**Attachments:** Waiver Application Form.xls

Good morning.

I apologize for the lack of attachment to my initial e-mail; please find the file attached to this message. Thank you for answering the questions below; with the information regarding your relationship to the plan, I do not believe that further attestation is necessary.

Please feel free to contact me if you have any questions.

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Thursday, December 09, 2010 6:36 PM  
**To:** Sheer, Jennifer (HHS/OCIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

***Frank Marco***

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIO)

CHICAGO TILE:000026

**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

CHICAGO TILE:000027

# GREGORIO & ASSOCIATES

A PROFESSIONAL CORPORATION  
ATTORNEYS AT LAW

TWO NORTH LASALLE STREET  
SUITE 1650  
CHICAGO, ILLINOIS 60602



TELEPHONE  
(312) 263-2343

FACSIMILE  
(312) 263-2512

WEBSITE  
[www.gregoriolaw.com](http://www.gregoriolaw.com)

JOHN F. GREGORIO  
SEAN C. STEC  
FRANK A. MARCO  
RYAN A. MARGULIS  
KARL E. MASTERS  
MICHAEL J. MCGUIRE  
ANTHONY J. GREGORIO

OF COUNSEL

GEOFFREY L. GIFFORD  
KEVIN W. O'CONNOR  
ANTONE F. GREGORIO, LTD.

November 17, 2010

HHS  
Office of Consumer Information and  
Insurance Oversight, Office of Oversight  
Attention: James Mayhew  
Room 737-F-04  
200 Independence Avenue, S.W.  
Washington, DC 20201

**Re: Chicago Tile Institute Welfare Fund**

Dear Mr. Mayhew:

Pursuant to the interim final regulations published on June 28, 2010 (26 CFR §54.9815-2719T, 29 CFR §2590.715-2719; and 45 CFR §147.126), the Board of Trustees of the Chicago Tile Institute Welfare Fund ("Fund" or "Plan") requests a waiver of the restrictions on annual limits as set forth in the regulation for the Fund's plan year beginning January 1, 2011.

This application for the waiver is submitted timely, which is not less than ten days before the beginning of the plan year. The Fund's plan year is a calendar year.

The CTI Welfare Fund is a multi-employer Taft-Hartley health and welfare plan which maintains a plan of benefits for eligible participants and their dependents ("the Plan"). A copy of the Plan is attached. The Plan provides self-funded medical benefits for hospital-based services rendered to eligible participants. The benefits are subject to a (b)(4) lifetime benefit, and a (b)(4) annual benefit. The Fund provides benefits for (b)(4) people. The waiver, if approved, would allow the Fund to maintain a (b)(4) annual limit for the plan year beginning January 1, 2011.

The industry served by the Fund is the construction industry which has been in an economic recession for over two years. The Plan's financial condition has deteriorated tremendously over the past two years. The Plan now operates at a deficit each month and lost (b)(4) of its assets in the past twelve months. The rate of decline has increased in the past six months. The Plan now only has six months in reserves, which is estimated to be gone in twelve months if current trends continue. I have enclosed a copy of our balance sheet, profit and loss statement, and most recent audited financial report for your review.

The Fund has been adversely impacted by rising health care costs and declining employment in the industry served by the Fund. Since revenue to the Fund is subject to the terms of the Collective Bargaining Agreements, the Trustees may have to drastically decrease benefits. The Plan is unable to increase revenue due to the decline in the construction industry. Because the industry served by the Fund is going through tremendous economic hardship with high unemployment, reduced benefits and/or contributions will represent a hardship to participants.

By execution of this letter, I certify that the Plan was in force prior to September 23, 2010, and that the application of the restricted annual limits to the Plan will have an adverse impact on the Plan, as described above.

The Fund is requesting a waiver to allow for a (b)(4) annual benefit limit effective January 1, 2011.

We trust you will favorably respond to this request and thank you in advance for your consideration. If you have any questions, please contact the undersigned.

Very truly yours,

Frank A. Marco

FAM/ndf  
cc: Ann Bender

Pages 165 through 186 redacted for the following reasons:

-----

(b)(4)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and  
Insurance Oversight  
Washington, DC 20201

**Date:** October 2010

**From:** Steve Larsen, Director, Office of Oversight *SL*

**Subject:** Application for Waiver of the Annual Limits Requirements of PHS Act Section 2711

Dear Waiver Applicant:

Section 2711(a)(2) of the Public Health Service Act (PHS Act), as added by the Patient Protection and Affordable Care Act (Affordable Care Act), requires the Secretary to impose restrictions on the imposition of annual limits on the dollar value of essential health benefits (as defined in section 1302(b) of the Affordable Care Act) for any participant or beneficiary in a new or existing group health plan or a new policy in the individual market for plan or policy years beginning on or after September 23, 2010 and prior to January 1, 2014. Specifically, the Secretary is granted the authority to determine what constitutes a "restricted annual limit" that can still be imposed under such plans or policies prior to January 1, 2014.

The interim final regulations published on June 28, 2010 (codified at 26 CFR § 54.9815-2719T; 29 CFR § 2590.715-2719; and 45 CFR §147.126) established such restricted annual limits. The regulations also provided that these restricted annual limits may be waived by the Secretary of Health and Human Services (HHS) if compliance with the interim final regulations would result in a significant decrease in access to benefits or a significant increase in premiums. Pursuant to the regulation, HHS issued guidance on September 3 regarding the scope and process for applying for a waiver.

The Office of Consumer Information and Insurance Oversight, Office of Insurance Oversight received and processed your application for the plan(s) or policy(ies) year beginning January 1, 2011. We have determined that your application has not demonstrated that the requirement of the restricted annual limit would result in a significant decrease in access to benefits for those currently covered by such plans or policies, or a significant increase in premiums paid by those covered by such plans or policies. Please refer to the interim final regulations codified at 26 CFR § 54.9815-2719T; 29 CFR § 2590.715-2719; and 45 CFR §147.126 for the restricted annual limits, \$750,000 for a plan year beginning on or after September 23, 2010, but before September 23, 2011.

If you have any questions regarding this letter, please email [OCIIOversight@hhs.gov](mailto:OCIIOversight@hhs.gov).

**From:** Frank A. Marco [fmarco@gregoriolaw.com]  
**Sent:** Thursday, December 23, 2010 11:46 AM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

I went to the web site but I could not work the spreadsheet from the web site. Can you email me a copy of it?

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 23, 2010 10:09 AM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco

When you return your completed spreadsheet, can you please also provide a response to the inquiry below:

As a Taft-Hartley plan:

- o Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- o Please provide the date for which the Collective Bargaining Agreement will expire.

If you have more than one CBA in effect, please answer the above for each CBA.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)  
301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 3:38 PM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Thank you.

CHICAGO TILE:000032



## Frank Marco

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as "Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)", fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)  
301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

## Frank Marco

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

CHICAGO TILE:000033

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document.

With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

CHICAGO TILE:000034

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Thursday, December 23, 2010 11:09 AM  
**To:** 'Frank A. Marco'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Dear Mr. Marco

When you return your completed spreadsheet, can you please also provide a response to the inquiry below:

As a Taft-Hartley plan:

- Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- Please provide the date for which the Collective Bargaining Agreement will expire.

If you have more than one CBA in effect, please answer the above for each CBA.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 3:38 PM  
**To:** Sheer, Jennifer (HHS/OCIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Thank you.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

CHICAGO TILE:000036

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as "Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)", fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

CHICAGO TILE:000037

## Frank Marco

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

CHICAGO TILE:000038

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

CHICAGO TILE:000039

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Thursday, December 16, 2010 2:48 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good afternoon.

I wanted to follow up with you and make sure that you were able to access the file either through my attachment or the website. Please let me know if you were able to access it or if you are continuing to have problems with it.

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [fmarco@gregoriolaw.com]  
**Sent:** Wednesday, December 15, 2010 3:38 PM  
**To:** Sheer, Jennifer (HHS/OCIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Thank you.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as "Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)", fill in all the fields, and then return it to me at this email address.

CHICAGO TILE:000040



I will send you a second reply with the attachment momentarily.

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

CHICAGO TILE:000041

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

CHICAGO TILE:000042

**ANNUAL LIMIT WAIVER APPLICATION 2010**

Annual Limit Waiver Request Applicant Name	Policy Name (use a new row for each policy application)	Applicant (Plan/ Policy Situs) City	Applicant (Plan/ Policy Situs) State	Plan/ Policy Effective Date (mm/dd/yyyy)	Contact Name	Street Address	City	State	Zip Code	Phone Number (including area code)	Email Address	Type of Coverage (e.g., Limited Benefit, HRA, Rx only, Other)	Self-Insured (Yes/No)	Individual or Group Policy	Total Number of Individuals Covered by Policy (include all dependents covered)	Current Plan Overall Annual Limit (in dollars)
Chicago Tile Institute Welfare Fund	Chicago Tile Institute Welfare Fund	Roselle	IL	01/01/2011	Frank Marco C/O Gregorio & Associates	2 N LaSalle St, Ste 1650	Chicago	IL	60602	1-312-263-2343	<a href="mailto:fmarco@gregoriolaw.com">fmarco@gregoriolaw.com</a>	Limited Benefit	Yes	Group	(b)(4)	
PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1105. The time required to complete this information collection is estimated to average ( 8 hours) or ( 240 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.																

**ANNUAL LIMIT WAIVER APPLICATION 2010**

<b>Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)</b>										<b>Office Visit Copays/Coinsurance</b>	<b>Hospital Inpatient Copay/Coinsurance</b>	<b>Emergency Room Copay/Coinsurance</b>	<b>Rx Copay/Coninsurance</b>
---	--	--	--	--	--	--	--	--	--	--	---	---	----------------------------------

<b>Ambulatory</b>	<b>Emergency</b>	<b>Hospitalization</b>	<b>Laboratory</b>	<b>Pediatric</b>	<b>Maternity/ Newborn</b>	<b>Mental Health/ Substance Abuse</b>	<b>Rehabilitative/ Devices</b>	<b>Preventive/ Wellness</b>	<b>Prescription</b>	<b>Plan Deductible</b>	<b>Copay (if applicabl e)</b>	<b>Coinsuranc e (if applicabl e)</b>	<b>Copay (if applicabl e)</b>	<b>Coinsura nce (if applicabl e)</b>	<b>Copay (if applicabl e)</b>	<b>Coinsura nce (if applicabl e)</b>	<b>Copay (if applicabl e)</b>	<b>Coinsuran ce (if applicabl e)</b>
-------------------	------------------	------------------------	-------------------	------------------	-------------------------------	---	------------------------------------	---------------------------------	---------------------	----------------------------	---------------------------------------	--	---------------------------------------	--	---------------------------------------	--	---------------------------------------	--

(b)(4)

ANNUAL LIMIT WAIVER APPLICATION 2010

Individual/ Employee Tier*	Current Monthly Premium Rates or Premium Equivalent Rates (in dollars)*:			Renewal Monthly Premium Rates or Premium Equivalent Rates if Waiver Granted (in dollars)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars) (Average Premium by Individual)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars)(Average Premium by Individual) (Difference of Column AT and AQ divided by Column AQ)	Decrease in Access to Benefits that would result from compliance with \$750,000 Annual Limit Restriction (describe briefly in cell or in a	Plan Administrator/ CEO of Health Insurance Issuer Name	Title of Individual Providing Attestation
	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total				
Employee + Family						(b)(4)						Ann Bender	Plan Administrator

\* When completing the columns requesting premium rate information, please express the premium rates as a composite rate (if premiums are a range based on years of service or age) and by tier (Employee, Employee + Spouse, Employee + Child, Family, etc.) as applicable. If you are an issuer, please provide the premium amount in the column titled, "Total" (Column AN, AQ and AT).

11/22

# GREGORIO & ASSOCIATES

A PROFESSIONAL CORPORATION  
ATTORNEYS AT LAW

TWO NORTH LASALLE STREET  
SUITE 1650  
CHICAGO, ILLINOIS 60602



TELEPHONE  
(312) 263-2343

FACSIMILE  
(312) 263-2512

WEBSITE  
www.gregoriolaw.com

JOHN F. GREGORIO  
SEAN C. STEC  
FRANK A. MARCO  
RYAN A. MARGULIS  
KARL E. MASTERS  
MICHAEL J. MCGUIRE  
ANTHONY J. GREGORIO

OF COUNSEL

GEOFFREY L. GIFFORD  
KEVIN W. O'CONNOR  
ANTONE F. GREGORIO, LTD.

November 17, 2010

HHS  
Office of Consumer Information and  
Insurance Oversight, Office of Oversight  
Attention: James Mayhew  
Room 737-F-04  
200 Independence Avenue, S.W.  
Washington, DC 20201

**Re: Chicago Tile Institute Welfare Fund**

Dear Mr. Mayhew:

Pursuant to the interim final regulations published on June 28, 2010 (26 CFR §54.9815-2719T, 29 CFR §2590.715-2719; and 45 CFR §147.126), the Board of Trustees of the Chicago Tile Institute Welfare Fund ("Fund" or "Plan") requests a waiver of the restrictions on annual limits as set forth in the regulation for the Fund's plan year beginning January 1, 2011.

This application for the waiver is submitted timely, which is not less than ten days before the beginning of the plan year. The Fund's plan year is a calendar year.

The CTI Welfare Fund is a multi-employer Taft-Hartley health and welfare plan which maintains a plan of benefits for eligible participants and their dependents ("the Plan"). A copy of the Plan is attached. The Plan provides self-funded medical benefits for hospital-based services rendered to eligible participants. The benefits are subject to a (b)(4) lifetime benefit, and a (b)(4) annual benefit. The Fund provides benefits for (b)(4) people. The waiver, if approved, would allow the Fund to maintain a (b)(4) annual limit for the plan year beginning January 1, 2011.

The industry served by the Fund is the construction industry which has been in an economic recession for over two years. The Plan's financial condition has deteriorated tremendously over the past two years. The Plan now operates at a deficit each month and lost (b)(4) of its assets in the past twelve months. The rate of decline has increased in the past six months. The Plan now only has six months in reserves, which is estimated to be gone in twelve months if current trends continue. I have enclosed a copy of our balance sheet, profit and loss statement, and most recent audited financial report for your review.

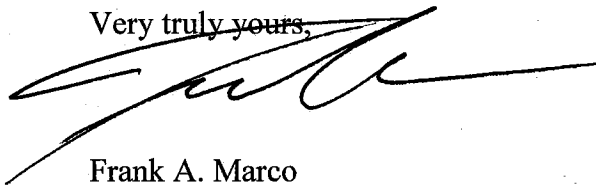
The Fund has been adversely impacted by rising health care costs and declining employment in the industry served by the Fund. Since revenue to the Fund is subject to the terms of the Collective Bargaining Agreements, the Trustees may have to drastically decrease benefits. The Plan is unable to increase revenue due to the decline in the construction industry. Because the industry served by the Fund is going through tremendous economic hardship with high unemployment, reduced benefits and/or contributions will represent a hardship to participants.

By execution of this letter, I certify that the Plan was in force prior to September 23, 2010, and that the application of the restricted annual limits to the Plan will have an adverse impact on the Plan, as described above.

The Fund is requesting a waiver to allow for a (b)(4) annual benefit limit effective January 1, 2011.

We trust you will favorably respond to this request and thank you in advance for your consideration. If you have any questions, please contact the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read "Frank A. Marco", written over a horizontal line.

Frank A. Marco

FAM/ndf  
cc: Ann Bender

Pages 204 through 222 redacted for the following reasons:

-----

(b)(4)



**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Thursday, December 09, 2010 2:12 PM  
**To:** 'fmarco@gregoriolaw.com'  
**Cc:** Sheer, Jennifer (HHS/OCIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

CHICAGO TILE:000049

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Monday, January 03, 2011 10:21 AM  
**To:** 'Ann Bender'  
**Cc:** fmarco@gregoriolaw.com  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Applicant:

Thank you for your information. Your application is now complete and you should receive a determination of your application within 30 days.

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Ann Bender [<mailto:abender@chicagotileinstitute.org>]  
**Sent:** Thursday, December 30, 2010 10:50 AM  
**To:** Sheer, Jennifer (HHS/OCIO)  
**Cc:** [fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Hi Jennifer –

“None” in that column, I simply meant that if the Plan was required to change its Annual Limit from (b)(4) to \$750,000 in 2011, the participant would not see a difference in the type or arrangement in how they would have Access to Benefits.

reading it now, I suppose you could say that if the Plan was required to change its Annual Limit from (b)(4) to \$750,000 in 2011, each individual covered by the Plan would have Access to an additional (b)(4) in n 2011.

I guess I was confused by whether that cell was looking for a description or a dollar amount. I hope I was able to answer your request appropriately.

CHICAGO TILE:000050

Respectfully,

Ann M. Bender, CEBS

**Chicago Tile Institute Welfare Fund**

725 E. Irving Park Road, Suite B

Roselle, IL 60172

ph (630) 924-4990

fax (630) 924-4991

*This email message, including any attachment(s), is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender by email.*

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 30, 2010 7:48 AM  
**To:** Ann Bender  
**Cc:** [fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Hi Ann

I have received your spreadsheet and would like to request a small clarification. Under the column "Access to benefits that would result from compliance with \$750,000 Annual Limit Restriction" you entered "None". Please elaborate on what you mean by this response.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

**This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.**

---

**From:** Ann Bender [<mailto:abender@chicagotileinstitute.org>]  
**Sent:** Wednesday, December 29, 2010 3:44 PM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Cc:** [fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)  
**Subject:** FW: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

CHICAGO TILE:000051

Hello Jennifer –

Please find attached the spreadsheet you have requested (see below) for the Chicago Tile Institute Welfare Fund. If you should have any questions regarding this information, please do not hesitate to contact either Frank Marco or myself.

Respectfully,

Ann M. Bender, CEBS

**Chicago Tile Institute Welfare Fund**

725 E. Irving Park Road, Suite B

Roselle, IL 60172

ph (630) 924-4990

fax (630) 924-4991

*This email message, including any attachment(s), is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender by email.*

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as “Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)”, fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

CHICAGO TILE:000052

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are

fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.

II. In addition, please provide the following information:

- Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
- In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
- The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Wednesday, January 19, 2011 1:58 PM  
**To:** Habit, Sandra (HHS/OCIO)  
**Subject:** FW: CTI Plan Overview

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov  
301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Frank A. Marco [mailto:fmarco@gregoriolaw.com]  
**Sent:** Wednesday, January 19, 2011 1:54 PM  
**To:** Sheer, Jennifer (HHS/OCIO)  
**Subject:** RE: CTI Plan Overview

Thank you.

*Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIO) [mailto:Jennifer.Sheer@hhs.gov]  
**Sent:** Wednesday, January 19, 2011 12:13 PM  
**To:** Frank A. Marco  
**Subject:** RE: CTI Plan Overview

Hi Frank

Thank you for this information; I will add it to your file and forward to the appropriate party.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

CHICAGO TILE:000055

jennifer.sheer@hhs.gov  
301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Frank A. Marco [mailto:fmarco@gregoriolaw.com]  
**Sent:** Wednesday, January 19, 2011 1:04 PM  
**To:** Sheer, Jennifer (HHS/OCIIO); Ann Bender  
**Subject:** FW: CTI Plan Overview

Jennifer,

Enclosed please find our Plan Consultant report showing the financial difficulties the Plan is facing. We completed our application with you in early January. The consultant's report shows that the plan is in a worse financial shape than I had previously thought. Please consider this, or forward it to the individual who is reviewing our waiver application for them to consider. We now have less than 4 months in reserves. Thank you for your attention.

*Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Nicole Forbes  
**Sent:** Wednesday, January 19, 2011 9:20 AM  
**To:** Frank A. Marco  
**Subject:** CTI Plan Overview

Nicole D. Forbes  
Legal Assistant  
Gregorio & Associates  
Two North LaSalle, Suite 1650  
Chicago, Illinois 60602  
(312) 263-2343  
Fax: (312) 263-2512  
[nforbes@gregoriolaw.com](mailto:nforbes@gregoriolaw.com)

CHICAGO TILE:000056



**From:** Botwinick, Alexandra (HHS/OCIO)

**Sent:** Monday, January 24, 2011 8:24 AM

**To:** 'fmarco@gregoriolaw.com'

**Cc:** Habit, Sandra (HHS/OCIO)

**Subject:** Chicago Tile Institute Welfare Fund Waiver of the Annual Limits Requirements 1-24-2011

**Importance:** High

**Attachments:** January 1 Denial Letter .pdf

Good Morning,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for Chicago Tile Institute Welfare Fund. HHS has reviewed your application and made its determination. Please see the attached letter.

Please confirm receipt of this letter by replying to this e-mail.

Please let me know if I can be of further assistance.

Alexandra Botwinick

Office of Oversight

HHS/OCIO

[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

CHICAGO TILE:000057

# GREGORIO & ASSOCIATES

A PROFESSIONAL CORPORATION  
ATTORNEYS AT LAW

TWO NORTH LASALLE STREET  
SUITE 1650  
CHICAGO, ILLINOIS 60602



TELEPHONE  
(312) 263-2343

FACSIMILE  
(312) 263-2512

WEBSITE  
[www.gregoriolaw.com](http://www.gregoriolaw.com)

JOHN F. GREGORIO  
SEAN C. STEC  
FRANK A. MARCO  
RYAN A. MARGULIS  
KARL E. MASTERS  
MICHAEL J. MCGUIRE  
ANTHONY J. GREGORIO

OF COUNSEL  
GEOFFREY L. GIFFORD  
KEVIN W. O'CONNOR  
ANTONE F. GREGORIO, LTD.

January 28, 2011

HHS  
Office of Consumer Information and  
Insurance Oversight, Office of Oversight  
Attention: Steven Larsen  
Room 737-F-04  
200 Independence Avenue, S.W.  
Washington, DC 20201

**Re: *Chicago Tile Institute Welfare Plan  
Request for Reconsideration***

Dear Mr. Larsen:

On November 17, 2010, the Chicago Tile Institute Welfare Fund submitted its request for a waiver of the annual limits requirements of PHS Act, Section 2711. This request was denied on January 24, 2011 on the grounds that the Chicago Tile Institute had not demonstrated that the requirement of the restricted annual limit would result in a significant decrease in access to benefits for those currently covered by such plans, or a significant increase in premiums by those same individuals. Copies attached. The Chicago Tile Institute Welfare Plan submits that this decision was erroneous, and requests that your office reconsider its decision.

The Chicago Tile Institute Welfare Plan is in a crisis situation. The construction industry is in a depression resulting in the total number of hours worked in our industry being down approximately (b)(4) of what the hours were prior to the economic downturn. Since our initial November 17, 2010, the Plan has taken extraordinary steps in order to remain viable. In the multi-employer construction industry, premiums paid for health care eligibility are based on contribution rates per hour. At the time of our application, the contribution rate going into the Health and Welfare Plan was (b)(4) per hour. In January 2011, the bargaining parties modified the collective bargaining agreement in order to increase contributions going into the Health & Welfare Plan by another (b)(4). The current premium or rate of contributions is now (b)(4) per hour. This is an (b)(4) increase in premiums.

This significant plan increase, however, is not enough to save our plan. Enclosed please find a plan overview prepared by an outside plan consultant that was prepared on January 18, 2011. The consultant reviewed our plan, our projection of income and our projection of expenses and determined that in order to maintain current benefit levels, the premium would have to be increased

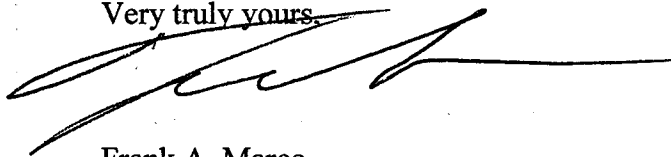
CHICAGO TILE:000058

to (b)(4) per hour. This amounts to another (b)(4) per hour on top of the current contribution rate. This would be nearly a (b)(4) increase in premiums from the (b)(4) premium in effect when the plan initially submitted its application in November 2010, two months ago.

Given the downturn in the construction market, this large premium increase is not economically possible. As a result, the Plan has engaged the outside plan consultant to determine what benefit cuts would be necessary in order for the Plan to continue in existence. The Board has set a meeting for February 28, 2011 to determine what cuts will be taken. The Plan will certainly have to cut access to benefits for those currently covered by the Plan and limit the benefits offered by the Plan.

Consequently, the Plan is respectfully requesting your office reconsider its initial determination because additional information has come to light since our initial application that would show that the initial decision was erroneous. Please review the plan overview report dated January 18, 2011 and call me with any questions you may have. You may also call our benefit consultants. Please review this request for reconsideration as the waiver is needed in this case. Please call me if you have any questions or need anything else.

Very truly yours,



Frank A. Marco

FAM/ndf

cc: Ann Bender

Board of Trustees

Jane Andrews, OCIO, 7501 Wisconsin Ave., Bethesda, MD 20814, [jane.andrews@hhs.gov](mailto:jane.andrews@hhs.gov)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and  
Insurance Oversight  
Washington, DC 20201

**Date:** October 2010

**From:** Steve Larsen, Director, Office of Oversight *SL*

**Subject:** Application for Waiver of the Annual Limits Requirements of PHS Act Section 2711

---

Dear Waiver Applicant:

Section 2711(a)(2) of the Public Health Service Act (PHS Act), as added by the Patient Protection and Affordable Care Act (Affordable Care Act), requires the Secretary to impose restrictions on the imposition of annual limits on the dollar value of essential health benefits (as defined in section 1302(b) of the Affordable Care Act) for any participant or beneficiary in a new or existing group health plan or a new policy in the individual market for plan or policy years beginning on or after September 23, 2010 and prior to January 1, 2014. Specifically, the Secretary is granted the authority to determine what constitutes a "restricted annual limit" that can still be imposed under such plans or policies prior to January 1, 2014.

The interim final regulations published on June 28, 2010 (codified at 26 CFR § 54.9815-2719T; 29 CFR § 2590.715-2719; and 45 CFR §147.126) established such restricted annual limits. The regulations also provided that these restricted annual limits may be waived by the Secretary of Health and Human Services (HHS) if compliance with the interim final regulations would result in a significant decrease in access to benefits or a significant increase in premiums. Pursuant to the regulation, HHS issued guidance on September 3 regarding the scope and process for applying for a waiver.

The Office of Consumer Information and Insurance Oversight, Office of Insurance Oversight received and processed your application for the plan(s) or policy(ies) year beginning January 1, 2011. We have determined that your application has not demonstrated that the requirement of the restricted annual limit would result in a significant decrease in access to benefits for those currently covered by such plans or policies, or a significant increase in premiums paid by those covered by such plans or policies. Please refer to the interim final regulations codified at 26 CFR § 54.9815-2719T; 29 CFR § 2590.715-2719; and 45 CFR §147.126 for the restricted annual limits, \$750,000 for a plan year beginning on or after September 23, 2010, but before September 23, 2011.

If you have any questions regarding this letter, please email [OCIIOversight@hhs.gov](mailto:OCIIOversight@hhs.gov).

**From:** Andrews, Jane (HHS/OCIO)  
**Sent:** Thursday, February 03, 2011 10:47 AM  
**To:** 'Nicole Forbes'  
**Cc:** 'Frank A. Marco'; Habit, Sandra (HHS/OCIO); Kottenmeier, Erika (HHS/OCIO)  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

Nicole – in response to this e-mail from yesterday, kindly reply all on this e-mail as I am transitioning off annual limit waivers. Erika and Sandy will be your points of contact.

Thanks.

Jane W. Andrews  
Center for Consumer Information  
and Insurance Oversight (CCIIO)  
7501 Wisconsin Ave  
Bethesda, MD 20814  
(301)492-4122 (Desk)  
(202)536-6779 (Blackberry)

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information.

Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Andrews, Jane (HHS/OCIO)  
**Sent:** Wednesday, February 02, 2011 11:36 AM  
**To:** 'Nicole Forbes'  
**Cc:** 'Frank A. Marco'; Habit, Sandra (HHS/OCIO)  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

I am in receipt of your request for a reconsideration. In re your letter dated 1/28/2011, I note a reference to contributions going into the Health and Welfare Plan as (b)(4) per hour and the new cba increased that by another (b)(4) to a total of (b)(4) per hour. However, in the spreadsheet that you attached with your application last November, there was indicated contributions by employees (I am reattaching here). In fact, it appears that there is only an employer contribution. Can you please clarify the employee contribution and the rate of premium increase now being (b)(4). It would be helpful to know what the total contribution is, employee, employer, and Total. Please advise.

Thank you.

Jane W. Andrews  
Center for Consumer Information  
and Insurance Oversight (CCIIO)  
7501 Wisconsin Ave  
Bethesda, MD 20814  
(301)492-4122 (Desk)  
(202)536-6779 (Blackberry)

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information.

Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Nicole Forbes [mailto:nforbes@gregoriolaw.com]  
**Sent:** Wednesday, February 02, 2011 10:36 AM  
**To:** Andrews, Jane (HHS/OCIO)

CHICAGO TILE:000061

**Cc:** Frank A. Marco

**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

Nicole D. Forbes

Legal Assistant

Gregorio & Associates

Two North LaSalle, Suite 1650

Chicago, Illinois 60602

(312) 263-2343

Fax: (312) 263-2512

[nforbes@gregoriolaw.com](mailto:nforbes@gregoriolaw.com)

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Wednesday, January 19, 2011 1:16 PM  
**To:** Habit, Sandra (HHS/OCIO)  
**Subject:** FW: CTI Plan Overview  
For the G drive.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov  
301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Wednesday, January 19, 2011 1:13 PM  
**To:** 'Frank A. Marco'  
**Subject:** RE: CTI Plan Overview

Hi Frank

Thank you for this information; I will add it to your file and forward to the appropriate party.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov  
301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Frank A. Marco [mailto:fmarco@gregoriolaw.com]  
**Sent:** Wednesday, January 19, 2011 1:04 PM  
**To:** Sheer, Jennifer (HHS/OCIO); Ann Bender

CHICAGO TILE:000063

**Subject:** FW: CTI Plan Overview

Jennifer,

Enclosed please find our Plan Consultant report showing the financial difficulties the Plan is facing. We completed our application with you in early January. The consultant's report shows that the plan is in a worse financial shape than I had previously thought. Please consider this, or forward it to the individual who is reviewing our waiver application for them to consider. We now have less than 4 months in reserves. Thank you for your attention.

*Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Nicole Forbes  
**Sent:** Wednesday, January 19, 2011 9:20 AM  
**To:** Frank A. Marco  
**Subject:** CTI Plan Overview

Nicole D. Forbes  
Legal Assistant  
Gregorio & Associates  
Two North LaSalle, Suite 1650  
Chicago, Illinois 60602  
(312) 263-2343  
Fax: (312) 263-2512  
[nforbes@gregoriolaw.com](mailto:nforbes@gregoriolaw.com)

CHICAGO TILE:000064



**From:** Andrews, Jane (HHS/OCIO)  
**Sent:** Thursday, February 03, 2011 10:46 AM  
**To:** Kottenmeier, Erika (HHS/OCIO)  
**Cc:** Habit, Sandra (HHS/OCIO)  
**Subject:** FW: Reconsideration of a denial of a waiver of annual limits.

**Attachments:** Chicago Tile Institute Waiver Application Form Dec 29 2010.xls

Here's what I asked in response to their request for a recon. I didn't see the employee contribution on the original app'n.

I will let them know to respond to you two.

Jane W. Andrews  
Center for Consumer Information  
and Insurance Oversight (CCIIO)  
7501 Wisconsin Ave  
Bethesda, MD 20814  
(301)492-4122 (Desk)  
(202)536-6779 (Blackberry)

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Andrews, Jane (HHS/OCIO)  
**Sent:** Wednesday, February 02, 2011 11:36 AM  
**To:** 'Nicole Forbes'  
**Cc:** 'Frank A. Marco'; Habit, Sandra (HHS/OCIO)  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

I am in receipt of your request for a reconsideration. In re hrough your letter dated 1/28/2011, I note a referenc e contribu ate going into the Health and Welfare Plan as (b)(4) per hour and the new cba increased that by another (b)(4) to a total of (b)(4) per hour. However, in the spreadsheet that you attached with your application last November, there was indication of contributions by employees (I am reattaching here). In fact, it appears that there nly an employer contribution. Can you please clarify the employee contribution and the rate of premium increase now being (b)(4). It would be helpful to know what the total contribution is, employee, employer, and Total. Please advise.

Thank you.

Jane W. Andrews  
Center for Consumer Information  
and Insurance Oversight (CCIIO)  
7501 Wisconsin Ave  
Bethesda, MD 20814  
(301)492-4122 (Desk)  
(202)536-6779 (Blackberry)

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Nicole Forbes [mailto:nforbes@gregoriolaw.com]  
**Sent:** Wednesday, February 02, 2011 10:36 AM

CHICAGO TILE:000065

**To:** Andrews, Jane (HHS/OCIIO)  
**Cc:** Frank A. Marco  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

Nicole D. Forbes

Legal Assistant  
Gregorio & Associates  
Two North LaSalle, Suite 1650  
Chicago, Illinois 60602  
(312) 263-2343  
Fax: (312) 263-2512  
[nforbes@gregoriolaw.com](mailto:nforbes@gregoriolaw.com)

**From:** Nicole Forbes [nforbes@gregoriolaw.com]  
**Sent:** Thursday, February 03, 2011 3:42 PM  
**To:** Andrews, Jane (HHS/OCIIO)  
**Cc:** Frank A. Marco; Habit, Sandra (HHS/OCIIO); Kottenmeier, Erika (HHS/OCIIO)  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

**Attachments:** HHS Letter 1.28.11.pdf; Attachment 1.pdf; Attachment 2.pdf; Attachment 3.pdf  
Here is another copy of all of the documents. Please let me know if there is anyone else that I need to send these to.

Thank you.

Nicole D. Forbes  
Legal Assistant  
Gregorio & Associates  
Two North LaSalle, Suite 1650  
Chicago, Illinois 60602  
(312) 263-2343  
Fax: (312) 263-2512  
[nforbes@gregoriolaw.com](mailto:nforbes@gregoriolaw.com)

---

**From:** Andrews, Jane (HHS/OCIIO) [mailto:Jane.Andrews@hhs.gov]  
**Sent:** Thursday, February 03, 2011 9:47 AM  
**To:** Nicole Forbes  
**Cc:** Frank A. Marco; Habit, Sandra (HHS/OCIIO); Kottenmeier, Erika (HHS/OCIIO)  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

Nicole – in response to this e-mail from yesterday, kindly reply all on this e-mail as I am transitioning off annual limit waivers. Erika and Sandy will be your points of contact.

Thanks.

Jane W. Andrews  
Center for Consumer Information  
and Insurance Oversight (CCIIO)  
7501 Wisconsin Ave  
Bethesda, MD 20814  
(301)492-4122 (Desk)  
(202)536-6779 (Blackberry)

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Andrews, Jane (HHS/OCIIO)  
**Sent:** Wednesday, February 02, 2011 11:36 AM  
**To:** 'Nicole Forbes'  
**Cc:** 'Frank A. Marco'; Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

I am in receipt of your request for a reconsideration. In re through your letter dated 1/28/2011, I note a reference to the contribu te going into the Health and Welfare Plan as (b)(4) per hour and the new cba increased that by another (b)(4) to a total of (b)(4) per hour. However, in the spreadsheet that y ached with your application last November, there was no indication of contributions by employees (I am reattaching here). In fact, it appears that there nly an employer contribution. Can you please clarify the employee contribution and the rate of premium increase now being (b)(4). It would be helpful to know what the total contribution is, employee, employer, and Total. Please advise.

CHICAGO TILE:000067

Thank you.

Jane W. Andrews  
Center for Consumer Information  
and Insurance Oversight (CCIIO)  
7501 Wisconsin Ave  
Bethesda, MD 20814  
(301)492-4122 (Desk)  
(202)536-6779 (Blackberry)

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information.

Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Nicole Forbes [mailto:nforbes@gregoriolaw.com]  
**Sent:** Wednesday, February 02, 2011 10:36 AM  
**To:** Andrews, Jane (HHS/OCIIO)  
**Cc:** Frank A. Marco  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

Nicole D. Forbes  
Legal Assistant  
Gregorio & Associates  
Two North LaSalle, Suite 1650  
Chicago, Illinois 60602  
(312) 263-2343  
Fax: (312) 263-2512  
[nforbes@gregoriolaw.com](mailto:nforbes@gregoriolaw.com)

**From:** Kottenmeier, Erika (HHS/OCIO)  
**Sent:** Tuesday, February 08, 2011 4:22 PM  
**To:** 'fmarco@gregoriolaw.com'  
**Cc:** Sheer, Jennifer (HHS/OCIO)  
**Subject:** Reconsideration call for Chicago Tile Institute Welfare Plan  
Dear Mr. Marco,

This email is to confirm that we will call you on Friday, February 11, 2011 at 1:00 p.m. Eastern Time (12:00 p.m. Central Time) to discuss your request for reconsideration of the denial of an annual limits waiver for Chicago Tile Institute Welfare Plan. We will call you at 312-263-2343.

Kind Regards,

Erika M. Kottenmeier  
Division of Enforcement  
Center for Consumer Information & Insurance Oversight  
U.S. Department of Health & Human Services  
(301) 492-4170  
[erika.kottenmeier@hhs.gov](mailto:erika.kottenmeier@hhs.gov)

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

**From:** Andrews, Jane (HHS/OCIIO)  
**Sent:** Wednesday, February 02, 2011 11:36 AM  
**To:** 'Nicole Forbes'  
**Cc:** 'Frank A. Marco'; Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

**Attachments:** Chicago Tile Institute Waiver Application Form Dec 29 2010.xls

I am in receipt of your request for a reconsideration. In re hrough your letter dated 1/28/2011, I note a reference to the contrib te going into the Health and Welfare Plan as (b)(4) per hour and the new cba increased that by another (b)(4) to a total of (b)(4) per hour. However, in the spreadsheet that you attached with your application last November, there was indication of contributions by employees (I am reattaching here). In fact, it appears that there was only an employer contribution. Can you please clarify the employee contribution and the rate of premium increase now being (b)(4). It would be helpful to know what the total contribution is, employee, employer, and Total. Please advise.

Thank you.

Jane W. Andrews  
Center for Consumer Information  
and Insurance Oversight (CCIIO)  
7501 Wisconsin Ave  
Bethesda, MD 20814  
(301)492-4122 (Desk)  
(202)536-6779 (Blackberry)

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Nicole Forbes [mailto:nforbes@gregoriolaw.com]  
**Sent:** Wednesday, February 02, 2011 10:36 AM  
**To:** Andrews, Jane (HHS/OCIIO)  
**Cc:** Frank A. Marco  
**Subject:** RE: Reconsideration of a denial of a waiver of annual limits.

Nicole D. Forbes  
Legal Assistant  
Gregorio & Associates  
Two North LaSalle, Suite 1650  
Chicago, Illinois 60602  
(312) 263-2343  
Fax: (312) 263-2512  
[nforbes@gregoriolaw.com](mailto:nforbes@gregoriolaw.com)

**From:** Ann Bender [abender@chicagotileinstitute.org]  
**Sent:** Wednesday, December 29, 2010 3:44 PM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Cc:** fmarco@gregoriolaw.com  
**Subject:** FW: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application  
**Attachments:** CTI waiver\_application\_form.xls

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Hello Jennifer –

Please find attached the spreadsheet you have requested (see below) for the Chicago Tile Institute Welfare Fund. If you should have any questions regarding this information, please do not hesitate to contact either Frank Marco or myself.

Respectfully,

Ann M. Bender, CEBS

**Chicago Tile Institute Welfare Fund**

725 E. Irving Park Road, Suite B

Roselle, IL 60172

ph (630) 924-4990

fax (630) 924-4991

*This email message, including any attachment(s), is for the sole use of the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender by email.*

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as “Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)”, fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

CHICAGO TILE:000071

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM

CHICAGO TILE:000072



**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

CHICAGO TILE:000073

**From:** Sheer, Jennifer (HHS/OCIIO)  
**Sent:** Wednesday, December 15, 2010 3:08 PM  
**To:** 'Frank A. Marco'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as "Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)", fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

CHICAGO TILE:000074

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document.

With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

CHICAGO TILE:000075

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**From:** Sheer, Jennifer (HHS/OCIIO)  
**Sent:** Wednesday, December 15, 2010 3:08 PM  
**To:** 'Frank A. Marco'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application  
**Attachments:** Waiver Application Form.xls

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good afternoon.

I have attached the spreadsheet to this message. If you encounter any difficulties with the file, please let me know.

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document.  
With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me

CHICAGO TILE:000077

know.

Please let me know if you need anything else. Thank you.

## **Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

CHICAGO TILE:000078

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

CHICAGO TILE:000079

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Wednesday, January 19, 2011 1:16 PM  
**To:** Habit, Sandra (HHS/OCIO); Pham, Erica (HHS/OCIO); McCune, Julie (HHS/OCIO)  
**Subject:** FW: CTI Plan Overview

**Attachments:** Plan Overview.pdf  
Hello

This just came regarding the Chicago Tile Institute waiver app. Looking at the G drive, it does not appear we've made a decision on the application. The applicant would like this information to be added for consideration.

Sandra, can you please save this to the G drive? I'll be sending along a few other emails for you to save as well.

Thanks!

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov  
301-492-4487

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

---

**From:** Frank A. Marco [mailto:fmarco@gregoriolaw.com]  
**Sent:** Wednesday, January 19, 2011 1:04 PM  
**To:** Sheer, Jennifer (HHS/OCIO); Ann Bender  
**Subject:** FW: CTI Plan Overview

Jennifer,

Enclosed please find our Plan Consultant report showing the financial difficulties the Plan is facing. We completed our application with you in early January. The consultant's report shows that the plan is in a worse financial shape than I had previously thought. Please consider this, or forward it to the individual who is reviewing our waiver application for them to consider. We now have less than 4 months in reserves. Thank you for your attention.

*Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Nicole Forbes

CHICAGO TILE:000080



**Sent:** Wednesday, January 19, 2011 9:20 AM  
**To:** Frank A. Marco  
**Subject:** CTI Plan Overview

Nicole D. Forbes

Legal Assistant

Gregorio & Associates

Two North LaSalle, Suite 1650

Chicago, Illinois 60602

(312) 263-2343

Fax: (312) 263-2512

[nforbes@gregoriolaw.com](mailto:nforbes@gregoriolaw.com)

**From:** Frank A. Marco [fmarco@gregoriolaw.com]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Jennifer,

Please forward me the spreadsheet for our waiver application.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

CHICAGO TILE:000082

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
  
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**From:** Botwinick, Alexandra (HHS/OCIIO)  
**Sent:** Monday, January 24, 2011 10:59 AM  
**To:** 'Frank A. Marco'; Andrews, Jane (HHS/OCIIO)  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Request for Reconsideration

**Importance:** High  
Mr. Marco,

If you wish to set up a phone call to discuss a reconsideration of the denial of a waiver of the annual limit requirements, Jane Andrews is the point person for that process. You should draft a letter setting out any supplemental information not included in the original application explaining why the denial of the waiver determination will result in either:

- i. A significant increase in premiums, or
- ii. A significant decrease in access to benefits.

Upon receipt of that letter, Jane can arrange a phone call with a manager as soon as feasible.

Jane's contact information is:

Jane W. Andrews  
OCIIO  
7501 Wisconsin Ave  
Bethesda, MD 20814  
301-492-4122  
[Jane.Andrews@hhs.gov](mailto:Jane.Andrews@hhs.gov)

Please let me know if I can be of any further assistance.

Sincerely,

Alexandra Botwinick

Office of Oversight  
HHS/OCIIO  
[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

---

**From:** Frank A. Marco [mailto:[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)]  
**Sent:** Monday, January 24, 2011 9:43 AM  
**To:** Botwinick, Alexandra (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Waiver of the Annual Limits Requirements 1-24-2011

I am in receipt of the denial letter. Are there any appeal rights?

*Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

CHICAGO TILE:000084

---

**From:** Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]  
**Sent:** Monday, January 24, 2011 7:24 AM  
**To:** Frank A. Marco  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Waiver of the Annual Limits Requirements 1-24-2011  
**Importance:** High

Good Morning,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for Chicago Tile Institute Welfare Fund. HHS has reviewed your application and made its determination. Please see the attached letter.

Please confirm receipt of this letter by replying to this e-mail.

Please let me know if I can be of further assistance.

Alexandra Botwinick

Office of Oversight  
HHS/OCIIO  
[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

CHICAGO TILE:000085

**From:** Sheer, Jennifer (HHS/OCIO)  
**Sent:** Thursday, December 23, 2010 11:51 AM  
**To:** 'Frank A. Marco'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application  
**Attachments:** Waiver Application Form.xls

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Certainly. Can you please reply to confirm receipt of the file (I can see from my records that we have had trouble trying to send this file to your account in the past, and I want to be certain that you have access to it)?

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Thursday, December 23, 2010 11:46 AM  
**To:** Sheer, Jennifer (HHS/OCIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

I went to the web site but I could not work the spreadsheet from the web site. Can you email me a copy of it?

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 23, 2010 10:09 AM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco

When you return your completed spreadsheet, can you please also provide a response to the inquiry below:

As a Taft-Hartley plan:

- o Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- o Please provide the date for which the Collective Bargaining Agreement will expire.

CHICAGO TILE:000086

If you have more than one CBA in effect, please answer the above for each CBA.

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 3:38 PM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Thank you.

**Frank Marco**

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as "Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)", fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

Thank you.

---

**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

CHICAGO TILE:000087

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Please forward me the spreadsheet for our waiver application.

*Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document.  
With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

*Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

CHICAGO TILE:000088



- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
  
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
  
  - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
  
  - The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

**From:** Frank A. Marco [fmarco@gregoriolaw.com]  
**Sent:** Wednesday, December 15, 2010 3:38 PM  
**To:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

**Follow Up Flag:** Follow Up  
**Flag Status:** Completed

Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Wednesday, December 15, 2010 2:08 PM  
**To:** Frank A. Marco  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Good afternoon.

I apologize that you have not yet received the spreadsheet. I attempted to send it to you on Friday, Dec. 10; however, it is clear you did not receive the file. I am concerned that perhaps my e-mail did not make it through your filters due to the attachment. Therefore, I am sending you this initial reply so you are aware that the attachment will be resent momentarily. If you do not receive the spreadsheet this afternoon, you can download it from [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html), where it is listed as "Annual Limit Waiver Application Instructions (PDF - 44KB) (12/8/2010)", fill in all the fields, and then return it to me at this email address.

I will send you a second reply with the attachment momentarily.

Thank you.

-----  
**Jennifer L. O. Sheer**

Office of Consumer Support  
Office of Consumer Information and Insurance Oversight  
U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487

---

**From:** Frank A. Marco [<mailto:fmarco@gregoriolaw.com>]  
**Sent:** Wednesday, December 15, 2010 2:36 PM  
**To:** Frank A. Marco; Sheer, Jennifer (HHS/OCIIO)  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

CHICAGO TILE:000090

Please forward me the spreadsheet for our waiver application.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Frank A. Marco  
**Sent:** Thursday, December 09, 2010 5:36 PM  
**To:** 'Sheer, Jennifer (HHS/OCIIO)'  
**Subject:** RE: Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Jennifer,

Thank you for your response. A spreadsheet was not attached to the email. Please resend and I will complete the document. With regard to your other inquiries:

1. The Plan was in existence prior to March 23, 2010, and is in compliance with the grandfathering provision.
2. The lifetime limit has been eliminated from the plan as of January 1, 2010.
3. I did submit the initial certification as the attorney for the plan. If you, need our administrator to sign off on it, please let me know.

Please let me know if you need anything else. Thank you.

## *Frank Marco*

Gregorio & Associates  
2 N. LaSalle Street, Suite 1650  
Chicago, IL 60602  
(312) 263-2343 Phone  
(312) 263-2512 Fax  
[fmarco@gregoriolaw.com](mailto:fmarco@gregoriolaw.com)

---

**From:** Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]  
**Sent:** Thursday, December 09, 2010 1:12 PM  
**To:** Frank A. Marco  
**Cc:** Sheer, Jennifer (HHS/OCIIO)  
**Subject:** Chicago Tile Institute Welfare Fund Annual Limit Waiver Application

Dear Mr. Marco:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
  - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?

CHICAGO TILE:000091

- In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
- The application materials previously submitted to HHS include a certification statement that appears to be signed by Frank A. Marco. Please confirm that this is correct, and provide the relationship between the plan and the person who signed the statement.

In order to complete your application, please provide this information by 5:00 pm, December 10, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

-----

**Jennifer L. O. Sheer**

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

[jennifer.sheer@hhs.gov](mailto:jennifer.sheer@hhs.gov)

301-492-4487