

# ATLANTA PLUMBERS & STEAMFITTERS FRINGE BENEFIT FUNDS

Administered by Southern Benefit Administrators, Incorporated

3835 Presidential Pkwy., Suite 123  
Atlanta, Georgia 30340  
Telephone (770) 455-3802 Toll Free (800) 382-6926  
Fax (770) 455-6845



Date: November 9, 2010

Health and Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight – ATTN: James Mahew  
Room 737-F-04  
200 Independence Ave. SW  
Washington, D.C. 20201

Re: Atlanta Plumbers and Steamfitters Health and Welfare Fund  
EIN: 58-0625978

Pursuant to regulations published on June 28, 2010 the Atlanta Plumbers and Steamfitters Health and Welfare Fund is applying for waiver of the restricted annual limits. In compliance with these provisions we are enclosing a copy of the schedule of benefits which reflects the current benefit structure. The current Plan has an annual maximum of (b)(4) and a lifetime limit of \$ (b)(4). This Plan was in existence prior to September 23, 2010.

The medical, prescription drugs, dental and vision benefits provided by this Plan are entirely self-funded. Family coverage is provided to employees who satisfy the eligibility requirements established by the Board of Trustees. The Plan's current eligibility rules require employees to have a total of (b)(4) employer contributions made on their behalf each month. This Plan is a collectively bargained Taft Hartley Welfare Fund and managed by Employer and Employee Trustees.


Because of adverse employment conditions, employer contributions have decreased significantly over the past several months. As a result, benefit and other expenses exceed employer contributions. As the enclosed chart reflects, expenses exceeded contributions by (b)(4) per eligible per month in 2008, by (b)(4) in 2009, and by (b)(4) during the first nine months of 2010. The Trustees are hopeful the Fund's reserves will help in getting through these conditions.

In order to comply with provisions of the Affordable Care Act (ACA), we have secured stop-loss quotes. Stop-loss coverage will protect the Fund in the event of catastrophic claims. We are enclosing a copy of the most competitive quote received. You will note the monthly premium is (b)(4) per eligible per month. Based on (b)(4) eligible employees, this would increase the Plan's costs by (b)(4) per year. Although the premium can be reduced by having the Plan accept additional liability beyond (b)(4), the annual cost is significant.

To make adjustments for this additional cost, the Trustees will be forced to eliminate the "non-essential" benefits and increase the eligibility requirements to reduce the number of eligible employees. Current employment conditions, ending of the COBRA subsidy, and the increased cost of self-contributions, will result in the loss of coverage for a significant number of employees and their families who have had coverage under this Plan for many years. The hardship being placed on this Plan will ultimately be borne by the employees.

The effective date for this Fund to be in compliance with ACA is January 1, 2011. I attest that the information I have presented is correct. Please let us know if you need anything further in regard to this request.

Please direct your response to my attention at [donny.dowlen@southernbenefit.com](mailto:donny.dowlen@southernbenefit.com) or fax to me at (615) 859-0324. I can also be reached at (800) 831-4914.

  
Donny Dowlen  
Plan Administrator

Pages 2 through 8 redacted for the following reasons:

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Exemption (b)(4)

**From:** Keels, Lisa (HHS/OCIIO)  
**Sent:** Tuesday, November 23, 2010 5:15 PM  
**To:** donny.dowlen@southernbenefit.com  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Annual Limit Waiver Applications - Request for Additional Information  
Dear Mr. Dowlen:

Thank you for your applications for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. This email is a request for additional information for the following applications:

1. Memphis Construction Benefit Fund
2. Atlanta Plumbers & Steamfitters Fringe Benefit Funds
3. South Central Laborers' Health & Welfare Fund
4. Southeastern Pipetrades Health & Welfare Fund
5. Aerospace Contractors' Trust
6. Southern Operators' Health Fund
7. Sheet Metal Workers' National Health Fund
8. Sheet Metal Workers Local No. 177 Health & Welfare Fund
9. Louisiana Electrical Health Fund

- I. In order to complete your applications, please provide the following information for all applications mentioned above:
  - In each application, you state that a certain number of eligible employees are covered. For each plan, please provide the total number of individuals covered.
  - Some applications state that the plans are comprehensive. Please confirm whether each plan listed above is a comprehensive or limited-benefit plan.
  - Some of the plans above include lifetime limits. Please confirm that you are removing both overall lifetime limits as well as lifetime limits on essential health benefits in those plans.
  - Was each plan listed above in existence prior to March 23<sup>rd</sup>, 2010? If so, have the trustees elected to comply with the grandfathering provisions?
  - For each plan, what was the date of the last collective bargaining agreement pursuant to which each plan was designed?
  - For each plan listed above, please provide the current monthly premium rates and the projected monthly premium rates applicable to the plan if the plan were to comply with the restricted annual benefits. In other words, we would like a chart that reflects the following information:

	2010 January Premium (current level)	2011 January Premium (renewal)	2011 January Premium (if \$750,000 annual limit was applied)
EE			
EE + Child (if applicable or other appropriate tier)			

ATL PLUMBERS:000003

EE + Spouse (if applicable or other appropriate tier)			
Family (if applicable or other appropriate tier)			

II. Please provide additional information for the following plans:

1. Aerospace Contractors' Trust: In your cover letter, you state that the annual limit is (b)(4). However, the schedule of benefits states that the annual limit is (b)(4). Please confirm which annual limit is correct.
2. Sheet Metal Workers Local No. 177 Health & Welfare Fund: In your cover letter, you state that the plan has an annual maximum of (b)(4). However, the schedule of benefits does not seem to have an annual limit. Rather, it seems as though the schedule of benefits has an annual limit of (b)(4) for hospitalization benefits. Please clarify this information.

III. I will be in touch separately about Mid South Carpenters Regional Council Health and Welfare Fund.

In order to complete your applications, please provide this information as soon as possible. We look forward to receiving your completed applications.

Thank you,  
Lisa Keels

Lisa M. Keels, J.D.  
U.S. Department of Health & Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight  
lisa.keels@hhs.gov  
301-492-4168

P.S. Please note that I will be out of the office for the rest of this week, but I will be available via email tomorrow (Wednesday) morning.

**From:** Keels, Lisa (HHS/OCIIO)  
**Sent:** Tuesday, December 07, 2010 2:25 PM  
**To:** Donny Dowlen  
**Cc:** Habit, Sandra (HHS/OCIIO); jere.brassell@southernbenefit.com  
**Subject:** RE: Annual Limit Waiver Applications - Request for Additional Information  
Thanks, Donny.

Lisa

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**From:** Donny Dowlen [mailto:donny.dowlen@southernbenefit.com]  
**Sent:** Tuesday, December 07, 2010 2:24 PM  
**To:** Keels, Lisa (HHS/OCIIO)  
**Cc:** Habit, Sandra (HHS/OCIIO); jere.brassell@southernbenefit.com  
**Subject:** RE: Annual Limit Waiver Applications - Request for Additional Information

Lisa, please note the responses below. Please let me know if you need anything else.

We want to emphasize that complying with annual limits would significantly increase the cost to the plan participants as noted below, and would significantly decrease access to benefits for those currently covered under the plan.

Donny Dowlen  
800-831-4914

---

**From:** Keels, Lisa (HHS/OCIIO) [mailto:Lisa.Keels@hhs.gov]  
**Sent:** Tuesday, November 23, 2010 4:15 PM  
**To:** donny.dowlen@southernbenefit.com  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Annual Limit Waiver Applications - Request for Additional Information

Dear Mr. Dowlen:

Thank you for your applications for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. This email is a request for additional information for the following application:

Atlanta Plumbers & Steamfitters Fringe Benefit Funds

I. In order to complete your application, please provide the following information for the application mentioned above:

- Please provide the total number of individuals covered – 7,235

- Please confirm whether the plan listed above is a comprehensive or limited-benefit plan.

Based on our conversation last week, the plan would be considered a limited benefit plan

- Please confirm that you are removing both overall lifetime limit as well as lifetime limits on essential health benefits.

We are removing the overall lifetime limit as well as the lifetime limits on essential benefits

ATL PLUMBERS:000005

· Was each plan listed above in existence prior to March 23<sup>rd</sup>, 2010? If so, have the trustees elected to comply with the grandfathering provisions?

The plan was in existence prior to March 23, 2010 and the trustees have elected to comply with the grandfathering provisions.

· When is the expiration date of the current collective bargaining agreement?

August 1, 2013

• For the plan listed above, please provide the current monthly premium rate and the projected monthly premium rates applicable to the plan if [redacted] were to comply with the restricted annual benefits.

1. The premium in 2011 is [redacted] (b)(4)
2. The expected cost in 20 [redacted] he absence of annual limits [redacted] (b)(4)
3. The expected cost in 2011 to comply with annual limits is [redacted] (b)(4)

In order to complete your applications, please provide this information as soon as possible. We look forward to receiving your completed applications.

Thank you,  
Lisa Keels

Lisa M. Keels, J.D.  
U.S. Department of Health & Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight  
lisa.keels@hhs.gov  
301-492-4168

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ATL PLUMBERS:000006

**From:** Keels, Lisa (HHS/OCIIO)  
**Sent:** Tuesday, December 07, 2010 2:53 PM  
**To:** Donny Dowlen  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Annual Limit Waiver Application - Request for Additional Information  
Thank you for the information, Donny. The following applications are now complete:

1. Atlanta Plumbers & Steamfitters Fringe Benefit Funds
2. South Central Laborers' Health & Welfare Fund
3. Sheet Metal Workers' National Health Fund
4. Sheet Metal Workers Local No. 177 Health & Welfare Fund

Thank you again,  
Lisa

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**From:** Donny Dowlen [mailto:donny.dowlen@southernbenefit.com]  
**Sent:** Tuesday, December 07, 2010 2:34 PM  
**To:** Keels, Lisa (HHS/OCIIO)  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** FW: Annual Limit Waiver Application - Request for Additional Information

The expiration of the collective bargaining agreement is April, 2012

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**From:** Donny Dowlen [mailto:donny.dowlen@southernbenefit.com]  
**Sent:** Monday, December 06, 2010 3:20 PM  
**To:** 'Keels, Lisa (HHS/OCIIO)'  
**Cc:** 'Habit, Sandra (HHS/OCIIO)'; 'Jere Brassell'  
**Subject:** RE: Annual Limit Waiver Application - Request for Additional Information

Lisa, please note the responses below.

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**From:** Keels, Lisa (HHS/OCIIO) [mailto:Lisa.Keels@hhs.gov]  
**Sent:** Tuesday, November 23, 2010 4:15 PM  
**To:** donny.dowlen@southernbenefit.com  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Annual Limit Waiver Applications - Request for Additional Information

Dear Mr. Dowlen:

Thank you for your applications for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. This email is a request for additional information for the following application:

Sheet Metal Workers' National Health Fund

I. In order to complete your application, please provide the following information:

ATL PLUMBERS:000007

- In the application, you state that a certain number of eligible employees are covered. Please provide the total n of individuals covered.

(b)(4)

- The application states that the plan is comprehensive. Please confirm whether the plan listed above is a comprehensive or limited-benefit plan.

Based on our conversation last week, the plan would be considered a limited benefit plan

- The plan above includes a lifetime limit. Please confirm that you are removing both overall lifetime limits as well as lifetime limits on essential health benefits in those plans.

We would be removing both the overall lifetime limit as well as the lifetime limits on essential health benefits

- Was the plan listed above in existence prior to March 23<sup>rd</sup>, 2010? If so, have the trustees elected to comply with the grandfathering provisions?

The plan was in existence prior to March 23, 2010 and the trustees have elected to comply with the grandfathering provisions.

- For each plan, what was the date of the last collective bargaining agreement pursuant to which each plan was designed?

April, 2008

- Please provide the current monthly premium rates and the projected monthly premium rates applicable to the plan if the plan were to comply with the restricted annual benefits.

1. Expected premium in 2011 is (b)(4)
2. Expected cost in 2011 in th of annual limits (b)(4)
3. Expected cost in 2011 to comply with annual limits is (b)(4)

Lisa, we want to emphasize that complying with annual limits would significantly increase the cost to the plan participants as noted above, and would significantly decrease access to benefits for those currently covered under the plan.

We trust that this responds adequately to your questions. If not, please let us know.

Donny Dowlen  
800-831-4914

Thank you,  
Lisa Keels

Lisa M. Keels, J.D.  
U.S. Department of Health & Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight  
lisa.keels@hhs.gov  
301-492-4168

P.S. Please note that I will be out of the office for the rest of this week, but I will be available via email tomorrow (Wednesday) morning.



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ATL PLUMBERS:000009

**From:** Donny Dowlen [donny.dowlen@southernbenefit.com]

**Sent:** Tuesday, December 07, 2010 2:24 PM

**To:** Keels, Lisa (HHS/OCIIO)

**Cc:** Habit, Sandra (HHS/OCIIO); jere.brassell@southernbenefit.com

**Subject:** RE: Annual Limit Waiver Applications - Request for Additional Information

Lisa, please note the responses below. Please let me know if you need anything else.

We want to emphasize that complying with annual limits would significantly increase the cost to the plan participants as noted below, and would significantly decrease access to benefits for those currently covered under the plan.

Donny Dowlen  
800-831-4914

---

**From:** Keels, Lisa (HHS/OCIIO) [mailto:Lisa.Keels@hhs.gov]

**Sent:** Tuesday, November 23, 2010 4:15 PM

**To:** donny.dowlen@southernbenefit.com

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

**Subject:** Annual Limit Waiver Applications - Request for Additional Information

Dear Mr. Dowlen:

Thank you for your applications for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. This email is a request for additional information for the following application:

Atlanta Plumbers & Steamfitters Fringe Benefit Funds

I. In order to complete your application, please provide the following information for the application mentioned above:

- Please provide the total number of individuals covered – (b)(4)

- Please confirm whether the plan listed above is a comprehensive or limited-benefit plan.

Based on our conversation last week, the plan would be considered a limited benefit plan

- Please confirm that you are removing both overall lifetime limit as well as lifetime limits on essential health benefits.

We are removing the overall lifetime limit as well as the lifetime limits on essential benefits

• Was each plan listed above in existence prior to March 23<sup>rd</sup>, 2010? If so, have the trustees elected to comply with the grandfathering provisions?

The plan was in existence prior to March 23, 2010 and the trustees have elected to comply with the grandfathering provisions.

• When is the expiration date of the current collective bargaining agreement?

ATL PLUMBERS:000010

August 1, 2013

- For the plan listed above, please provide the current monthly premium rate and the projected monthly premium rates applicable to the plan if t [redacted] ere to comply with the restricted annual benefits.
  1. The premium in 2011 is (b)(4)
  2. The expected cost in 20 [redacted] e absence of annual limits [redacted]
  3. The expected cost in 2011 to comply with annual limits is (b)(4)

In order to complete your applications, please provide this information as soon as possible. We look forward to receiving your completed applications.

Thank you,  
Lisa Keels

Lisa M. Keels, J.D.  
U.S. Department of Health & Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight  
lisa.keels@hhs.gov  
301-492-4168

P.S. Please note that I will be out of the office for the rest of this week, but I will be available via email tomorrow (Wednesday) morning.

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ATL PLUMBERS:000011

**From:** Keels, Lisa (HHS/OCIIO)  
**Sent:** Tuesday, December 07, 2010 12:04 PM  
**To:** Keels, Lisa (HHS/OCIIO); donny.dowlen@southernbenefit.com  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Annual Limit Waiver Applications - Request for Additional Information  
Hello again, Donny,

Thank you for all your responses thus far. I have one more question for all the plans listed below (and the Mid South Carpenters Regional Council Health and Welfare Fund):

- For each plan, what is the date on which the last collective bargaining agreement pursuant to which the plan was negotiated will expire?

Thank you again,  
Lisa

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**From:** Keels, Lisa (HHS/OCIIO)  
**Sent:** Tuesday, November 23, 2010 5:15 PM  
**To:** 'donny.dowlen@southernbenefit.com'  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Annual Limit Waiver Applications - Request for Additional Information

Dear Mr. Dowlen:

Thank you for your applications for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. This email is a request for additional information for the following applications:

1. Memphis Construction Benefit Fund
2. Atlanta Plumbers & Steamfitters Fringe Benefit Funds
3. South Central Laborers' Health & Welfare Fund
4. Southeastern Pipetrades Health & Welfare Fund
5. Aerospace Contractors' Trust
6. Southern Operators' Health Fund
7. Sheet Metal Workers' National Health Fund
8. Sheet Metal Workers Local No. 177 Health & Welfare Fund
9. Louisiana Electrical Health Fund

I. In order to complete your applications, please provide the following information for all applications mentioned above:

- In each application, you state that a certain number of eligible employees are covered. For each plan, please provide the total number of individuals covered.
- Some applications state that the plans are comprehensive. Please confirm whether each plan listed above is a comprehensive or limited-benefit plan.
- Some of the plans above include lifetime limits. Please confirm that you are removing both overall lifetime limits as

ATL PLUMBERS:000012

well as lifetime limits on essential health benefits in those plans.

- Was each plan listed above in existence prior to March 23<sup>rd</sup>, 2010? If so, have the trustees elected to comply with the grandfathering provisions?
- For each plan, what was the date of the last collective bargaining agreement pursuant to which each plan was designed?
- For each plan listed above, please provide the current monthly premium rates and the projected monthly premium rates applicable to the plan if the plan were to comply with the restricted annual benefits. In other words, we would like a chart that reflects the following information:

	2010 January Premium (current level)	2011 January Premium (renewal)	2011 January Premium (if \$750,000 annual limit was applied)
EE			
EE + Child (if applicable or other appropriate tier)			
EE + Spouse (if applicable or other appropriate tier)			
Family (if applicable or other appropriate tier)			

II. Please provide additional information for the following plans:

1. Aerospace Contractors' Trust: In your cover letter, you state that the annual limit is (b)(4). However, the schedule of benefits states that the annual limit is (b)(4). Please confirm which it is correct.
2. Sheet Metal Workers Local No. 177 Health & Welfare Fund: In your cover letter, you state that the plan has an annual maximum of (b)(4). However, the schedule of benefits does not seem to have an annual limit. Rather, it seems as though the schedule of benefits has an annual limit of (b)(4) for hospitalization benefits. Please clarify this information.

III. I will be in touch separately about Mid South Carpenters Regional Council Health and Welfare Fund.

In order to complete your applications, please provide this information as soon as possible. We look forward to receiving your completed applications.

Thank you,  
Lisa Keels

Lisa M. Keels, J.D.  
U.S. Department of Health & Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight

[lisa.keels@hhs.gov](mailto:lisa.keels@hhs.gov)

301-492-4168

P.S. Please note that I will be out of the office for the rest of this week, but I will be available via email tomorrow (Wednesday) morning.

ATL PLUMBERS:000014

**From:** Donny Dowlen [donny.dowlen@southernbenefit.com]

**Sent:** Thursday, December 09, 2010 9:47 AM

**To:** Keels, Lisa (HHS/OCIIO)

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

**Subject:** FW: Annual Limit Waiver Applications - Request for Additional Information

Lisa, just so there is no misunderstanding, I want to document clarification concerning my responses to your question below regarding premium and cost information. In #1 we are providing the premium expected for 2011. In #2, we are providing the estimated plan cost if it does not have to comply with the \$750,000 annual limit. In #3, we are providing the estimated plan cost if it has to comply with the \$750,000 annual limit. I know you understand this, but we want to make sure that others who review this application have the same understanding. Thank you.

Donny Dowlen

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**From:** Donny Dowlen [mailto:donny.dowlen@southernbenefit.com]

**Sent:** Tuesday, December 07, 2010 1:24 PM

**To:** 'Keels, Lisa (HHS/OCIIO)'

**Cc:** 'Habit, Sandra (HHS/OCIIO)'; 'jere.brassell@southernbenefit.com'

**Subject:** RE: Annual Limit Waiver Applications - Request for Additional Information

Lisa, please note the responses below. Please let me know if you need anything else.

We want to emphasize that complying with annual limits would significantly increase the cost to the plan participants as noted below, and would significantly decrease access to benefits for those currently covered under the plan.

Donny Dowlen  
800-831-4914

---

**From:** Keels, Lisa (HHS/OCIIO) [mailto:Lisa.Keels@hhs.gov]

**Sent:** Tuesday, November 23, 2010 4:15 PM

**To:** donny.dowlen@southernbenefit.com

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

**Subject:** Annual Limit Waiver Applications - Request for Additional Information

Dear Mr. Dowlen:

Thank you for your applications for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. This email is a request for additional information for the following application:

Atlanta Plumbers & Steamfitters Fringe Benefit Funds

I. In order to complete your application, please provide the following information for the application mentioned above:

- Please provide the total number of individuals covered – (b)(4)

- Please confirm whether the plan listed above is a comprehensive or limited-benefit plan.

Based on our conversation last week, the plan would be considered a limited benefit plan

- Please confirm that you are removing both overall lifetime limit as well as lifetime limits on essential health

ATL PLUMBERS:000015

benefits.

We are removing the overall lifetime limit as well as the lifetime limits on essential benefits

- Was each plan listed above in existence prior to March 23<sup>rd</sup>, 2010? If so, have the trustees elected to comply with the grandfathering provisions?

The plan was in existence prior to March 23, 2010 and the trustees have elected to comply with the grandfathering provisions.

- When is the expiration date of the current collective bargaining agreement?

August 1, 2013

- For the plan listed above, please provide the current monthly premium rate and the projected monthly premium rates applicable to the plan if t [redacted] ere to comply with the restricted annual benefits.
  1. The premium in 2011 is [redacted] (b)(4)
  2. The expected cost in 20 [redacted] he absence of annual limits [redacted] (b)(4)
  3. The expected cost in 2011 to comply with annual limits is [redacted] (b)(4)

In order to complete your applications, please provide this information as soon as possible. We look forward to receiving your completed applications.

Thank you,  
Lisa Keels

Lisa M. Keels, J.D.  
U.S. Department of Health & Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight  
lisa.keels@hhs.gov  
301-492-4168

P.S. Please note that I will be out of the office for the rest of this week, but I will be available via email tomorrow (Wednesday) morning.

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ATL PLUMBERS:000016



**From:** Keels, Lisa (HHS/OCIIO)  
**Sent:** Tuesday, December 14, 2010 3:09 PM  
**To:** Donny Dowlen  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Waiver

Thank you, Donny. I hope you have a happy holiday season as well!

All the best,

Lisa

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**From:** Donny Dowlen [mailto:donny.dowlen@southernbenefit.com]  
**Sent:** Tuesday, December 14, 2010 1:00 PM  
**To:** Keels, Lisa (HHS/OCIIO)  
**Cc:** jere.brassell@southernbenefit.com  
**Subject:** Waiver

Lisa, I just received approval on eight of the applications that you were reviewing for our company. I just want to thank you for your assistance in this process. I know you guys are buried in applications and we just want to thank you for the prompt and courteous service you gave these applications. I hope you have a happy holiday season.

Donny Dowlen

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ATL PLUMBERS:000017

**From:** Donny Dowlen [donny.dowlen@southernbenefit.com]  
**Sent:** Tuesday, December 14, 2010 1:11 PM  
**To:** Botwinick, Alexandra (HHS/OCIIO)  
**Subject:** FW: Waiver of the Annual Limits Requirements of PHS Act Section 2711

**Importance:** High

**Follow Up Flag:** Follow up  
**Flag Status:** Red

**Attachments:** Updated Jan 1 Approval Letter .pdf

Alexandra, I presume this waiver is for the Atlanta Plumbers and Steamfitters Fringe Benefit Funds. Please confirm this for us. Thank you.

Donny Dowlen  
800-831-4914

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**From:** Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]  
**Sent:** Tuesday, December 14, 2010 11:31 AM  
**To:** 'donny.dowlen@southernbenefit.com'  
**Subject:** Waiver of the Annual Limits Requirements of PHS Act Section 2711  
**Importance:** High

Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for **Plumbers & Steamfitters Fringe Benefit Funds**. 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.

Sincerely,

Alexandra Botwinick

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

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ATL PLUMBERS:000018

**From:** Botwinick, Alexandra (HHS/OCIIO)  
**Sent:** Thursday, December 16, 2010 9:11 AM  
**To:** 'Donny Dowlen'  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Waiver of the Annual Limits Requirements of PHS Act Section 2711  
Mr. Dowlen,

I apologize for the confusion. You are correct, the below waiver is for the Atlanta Plumbers and Steamfitters Fringe Benefit Funds.

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)

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**From:** Donny Dowlen [mailto:[donny.dowlen@southernbenefit.com](mailto:donny.dowlen@southernbenefit.com)]  
**Sent:** Tuesday, December 14, 2010 1:11 PM  
**To:** Botwinick, Alexandra (HHS/OCIIO)  
**Subject:** FW: Waiver of the Annual Limits Requirements of PHS Act Section 2711  
**Importance:** High

Alexandra, I presume this waiver is for the Atlanta Plumbers and Steamfitters Fringe Benefit Funds. Please confirm this for us. Thank you.

Donny Dowlen  
800-831-4914

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**From:** Botwinick, Alexandra (HHS/OCIIO) [mailto:[Alexandra.Botwinick@hhs.gov](mailto:Alexandra.Botwinick@hhs.gov)]  
**Sent:** Tuesday, December 14, 2010 11:31 AM  
**To:** 'donny.dowlen@southernbenefit.com'  
**Subject:** Waiver of the Annual Limits Requirements of PHS Act Section 2711  
**Importance:** High

Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for **Plumbers & Steamfitters Fringe Benefit Funds**. 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.

Sincerely,

Alexandra Botwinick

Office of Oversight

ATL PLUMBERS:000019

HHS/OCIIO

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

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ATL PLUMBERS:000020

**From:** Donny Dowlen [donny.dowlen@southernbenefit.com]  
**Sent:** Tuesday, November 09, 2010 11:06 AM  
**To:** HHS HealthInsurance (HHS)  
**Subject:** Waiver

**Attachments:** 119102.pdf

Enclosed is documentation for the Atlanta Plumbers and Steamfitters Health and Welfare Fund.

Donny Dowlen  
Southern Benefit Administrators  
2001 Caldwell Drive  
Goodlettsville, TN 37072

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ATL PLUMBERS:000021