

Dear Health Care Plan:

This union represents employees of an employer which has proposed your health care plan. In order for us to determine whether we will agree to your plan in collective bargaining we need the following information from you. Although you may believe that some of this information is proprietary or confidential you cannot expect us to agree to have our members covered without investigating, in depth and carefully, your proposed plan and its administration. In this regard we believe that we want not only a good plan for our members but we want the employer's dollar to be spent in the most efficient way possible:

1. A list of all of the management officials of the company including their names, positions and a list of their job positions within the last ten years;
2. A list of all employers, customer or group subscribers of your health care plan(s) including the name, phone number and address of the principal contact person or the purchaser or sponsor of that health care plan;
3. Copies of all lawsuits or complaints with any administrative agency with respect to the operation of your company during the last ten years. Please include not only a copy of the complaint but also a copy of any document showing the disposition of said complaint;
4. A list of all criminal convictions of all management employees of the company during the last ten years;
5. A list of all employers, customer or group subscribers to your health care plans which utilized your plan during the last ten years which no longer utilize your plan(s) including the name of the contact person of the sponsor of that plan including his/her address and phone number;
6. Copies of all administrative manuals, rules or regulations with respect to their proposed health care plan;
7. Please provide copies of all claims, working documents and any documents showing the final disposition of those claims for the health care plan during the last year.
8. As part of our review process we will need to interview the principal administrators/managers responsible for the employer's plan. Please advise us of the names of those individuals who are principally responsible for its administration and dates when they would be available for interviews.

9 Please provide a current list of all medical providers including doctors, hospitals, clinics, nursing homes, group homes etc.

10 Please provide a list of all medical providers (as defined above) who have provided services to the plan

11. Please provide a list of all medical providers (as defined above) years who are no longer providing services. Please give the provider's address, the name of a contact person, the provider's name and the reason why the provider is no longer providing services to the plan(s).

12. Your plan has a number of exclusions. For example experimental procedures are not covered. Please list all procedures which you have determined not to be covered because they are experimental during the last 10 years. For each such procedure without providing any identification of the patient involved, provide copies of relevant medical reports showing the nature of the procedure as well as your documents showing why you determined that it was experimental. Please do this for each exclusion you have listed in your plan and/or summary plan description.

The information concerning the background of the management officials is relevant to determine the competency of your company to manage a health care plan. The names of current employers, customer or group subscribers which sponsor or utilize your plan(s) would be relevant as references to determine whether those clients are satisfied. Similarly, the names of similar entities which no longer utilize your plan would be relevant to determine why they left your plan. The claims would have to be monitored in order to determine whether the plan liberally or strictly construed the plan.

The information on former providers is very critical to our evaluation. If you have terminated providers because of poor medical service that speaks well of your plan. If you terminated them or they quit because they disputed the quality of your plan, that is especially critical to our evaluation.

The information on exclusions is very important. It will show us how broadly or narrowly you interpret the plan.

Please respond within one week.

Sincerely