



# pennsylvania

OFFICE OF OPEN RECORDS

## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 3/22/17

REQUEST SUBMITTED BY:  E-MAIL  U.S. MAIL  FAX  IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): Work Partners

NAME OF REQUESTER: Deborah Winter

STREET ADDRESS: US Steel Tower, 7th Fl. 600 Grant St.

CITY/STATE/COUNTY/ZIP(Required): Bk PA 15219

TELEPHONE (Optional): 724-683-0584 EMAIL (optional): winterda@upmc.edu

RECORDS REQUESTED: \*Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary

*Wash Camp TPA / Please see questions attached.*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

**\*\* PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES \*\***  
**\*\* IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL \*\***

### FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

*\*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*

## Winter, Deborah

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1. How many employees do you currently have?
2. Who is your current TPA for Workers' Compensation?
3. Who is the broker on record for your Workers' Comp TPA?
4. If a contract exists for your Workers' Comp TPA services, please send a full copy.
5. Do you currently outsource any or part of your leave management (FMLA, STD)?
6. If "Yes" to question 3, who is your vendor?
7. If "Yes" to question 3, who is the broker on record for this service.
8. If a contract exists for your Leave Management services, please send a full copy.
9. Do you currently have an EAP (Employee Assistance Program)?
10. Do you currently have a wellness program?
11. If "Yes" to questions 6&7, are either of these services currently bundled with any of your other benefits (ie Group Health, LTD etc).
12. If a contract exists for your wellness and/or EAP services, please send a full copy.