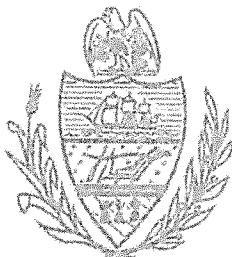


RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Winter Deborah A (PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: US Steel Tower 7th FL 600 Grand St STREET / P.O. BOX

Psh PA 15219 CITY STATE ZIP CODE

PHONE # 724-683-0584 FAX#

EMAIL ADDRESS: wentuda@

SIGNATURE: DATE:

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.

Four horizontal lines for specifying records requested.

PLEASE CHECK ONE OF THE FOLLOWING:

- I AM ONLY REQUESTING ACCESS TO THE DOCUMENT(S)
I AM REQUESTING A HARD COPY OF THE DOCUMENT(S) (PAPER, CD, etc...)
I AM REQUESTING AN E-FILE OF THE DOCUMENT(S) (IF AVAILABLE) (PDF, EXCEL SPRDSHT, etc...)

PLEASE NOTE: LUZERNE COUNTY IS NOT REQUIRED TO CREATE A RECORD WHICH DOES NOT CURRENTLY EXIST OR TO COMPILE, MAINTAIN, FORMAT OR ORGANIZE A RECORD IN A MANNER IN WHICH THE AGENCY DOES NOT CURRENTLY COMPILE, MAINTAIN, FORMAT OR ORGANIZE THE RECORD

## Winter, Deborah

---

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.

Deborah Winter  
Sales Executive

U.S. Steel Tower, 7th Floor  
600 Grant Street  
Pittsburgh, PA 15219  
T 412-454-5976  
M 724-683-0584  
F 412-454-2942  
winterda@upmc.edu  
www.workpartners.com

UPMC  
**WorkPartners**  
Providing Health & Productivity Solutions