

Employee Benefits Broadcast

Marian E. Dodson
mdodson@foley.com

Isaac J. Morris
imorris@foley.com

Christopher G. Ward
cward@foley.com

February 28, 2018



Webinar Orientation

- Questions can be entered via the Q&A widget found on the left-hand side of your screen. If time permits, we will answer questions at the end of the program.
- If you experience technical difficulties during the presentation, please visit the Webcast Help Guide by clicking on the Help button below the presentation window (designated with a question mark icon).
- The PowerPoint presentation will be available on our website at Foley.com in the next few days. Alternatively, you can get a copy of the slides in the Resource List widget.
- Foley will apply for CLE credit after the program. To be eligible for CLE credit, you will need to log into the On24 session and answer a polling question during the program. If you did not supply your CLE information upon registration, please e-mail it to khuven@foley.com. Please note certificates of attendance will be distributed to eligible participants via email approximately 8 weeks after the web conference.
- NOTE: If you are seeking Kansas, New York, or New Jersey CLE credit, you must complete the Attorney Affirmation Form in addition to answering the polling question noted above. To obtain CLE credit for these states, please email your Attorney Affirmation Form and the 5-digit code announced during the presentation to khuven@foley.com immediately following the program.

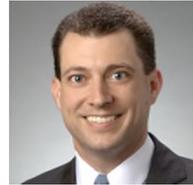
Today's Speakers



Marian E. Dodson
Associate
San Diego, CA



Isaac J. Morris
Special Counsel
Milwaukee, WI



Christopher G. Ward
Partner
Chicago, IL
Los Angeles, CA



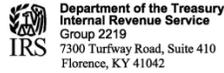
IRS Enforcement of ACA Employer Mandate Penalties and Status of EEOC Wellness Regulations

Employer Shared Responsibility Payment Notices

- Letter 226-J is the IRS's ESRP notice letter
- The letter will contain the IRS's preliminary calculation of what you owe
- Be on the lookout: the letter could arrive at any of your entities
- You may get this even if you cover all of your employees
- You have only 30 days to respond from the date on the letter

Why Did You Get A Letter 226-J?

- You did not offer minimum essential coverage to enough of your full-time employees
- The coverage you offered was unaffordable or did not provide minimum value
- One of your employees who was not offered coverage (or was offered inadequate coverage) bought coverage on the exchange and got a premium tax credit
- You offered compliant coverage, but one of your employees or contractors reported incorrectly



Tax year:
Letter date:
Employer ID number:
Contact name:
Contact ID number:
Contact telephone number:
Contact e-fax number:
Response date:

Dear
We have made a preliminary calculation of the Employer Shared Responsibility Payment (ESRP) that you owe.

Proposed ESRP \$ [XXXXXX]

Our records show that you filed one or more Forms 1095-C, Employer-Provided Health Insurance Offer and Coverage, and one or more Forms 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, with the IRS. Our records also show that for one or more months of the year at least one of the full-time employees you identified on Form 1095-C was allowed the premium tax credit (PTC) on his or her individual income tax return filed with the IRS. Based on this information, we are proposing that you owe an ESRP for one or more months of the year.

You generally owe an ESRP for a month if either:

- You did not offer minimum essential coverage (MEC) to at least []% of your full-time employees (and their dependents) and at least one of your full-time employees was certified as being allowed the PTC; or



ESRP Summary Table

Month	Information Reported to IRS					Applicable IRC Section 4980H provision	Monthly ESRP amount
	a. Form 1094-C, Part III, Col (a) Minimum essential coverage offer indicator offered to at least [70% or 95%]	b. Form 1094-C, Part III, Col (b) Full-time employee count for ALE member	c. Allocated reduction of full-time employee count for IRC Section 4980H(a)	d. Count of assessable full-time employees with a PTC for IRC Section 4980H(a)	e. Count of assessable full-time employees with a PTC for IRC Section 4980H(b)		
Jan	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Feb	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
March	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Apr	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
May	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
June	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
July	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Aug	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Sep	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Oct	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Nov	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Dec	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
						Total Proposed ESRP	[\$xxx,xxx]



Within 30 Days

- You must pay the amount the IRS calculated; or
- Object and explain the basis for your objection and provide supporting documentation
- Use the enclosed Form 14764, ESRP Response, for either paying or objecting
- If you do nothing, you will receive a Notice and Demand, which will be subject to interest and lien enforcement

Affordable Care Act Reporting

- Report offers of health coverage and enrollment in health coverage (Form 1095-C)
- Send to employees by March 2 (this is an automatic IRS extension from the original deadline of January 31)
- Send to the IRS (with transmittal form) by April 2, if you e-file
- If you do not e-file, your deadline to send to the IRS is today, February 28
- If you can't file with the IRS on time, you can file a Form 8809 to request an automatic 30-day extension (by April 2 if you e-file or today if you don't e-file)

600117

1095-C **Employer-Provided Health Insurance Offer and Coverage** VOID
 Department of the Treasury Internal Revenue Service CORRECTED CMB No. 1545-2251
2017
 Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee **Applicable Large Employer Member (Employer)**

1 Name of employee 2 Social security number (SSN) 7 Name of employer 8 Employer identification number (EIN)
 3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number
 4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 12 State or province 13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage **Plan Start Month (Enter 2-digit number):**

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
16 Section 408(a) Self-Invested and Other IRAs (enter code, if applicable)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Part III Covered Individuals
 If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) SOLE or SSI or other TIN is not entering	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 80705M Form 1095-C (2017)

FOLEY
FOLEY & LARDNER LLP 11

Describing the Offer of Coverage

- Did the health plan provide minimum essential coverage?
- Did the health plan provide minimum value?
- Is the health plan affordable?
- Does the plan cover spouses and/or dependents?
- Were there any conditions in order for a spouse to receive coverage?

Requirements for Code 1A Qualifying Offer

- The employee has to be full time (using a 30-hour average threshold)
- The employee coverage was minimum essential coverage
- The employee coverage provided minimum value
- The cost of the self-only employee coverage was no more than \$95.93/month in 2017 for a calendar year plan
- Any spouse or dependent of the employee was offered at least minimum essential coverage

600117

1095-C **Employer-Provided Health Insurance Offer and Coverage** VOID CORRECTED **2017**
Form 1095-C Department of the Treasury Internal Revenue Service Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095-C for instructions and the latest information.

Part I Employee **Applicable Large Employer Member (Employer)**

1 Name of employee 2 Social security number (SSN) 7 Name of employer 8 Employer identification number (EIN)
 3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number
 4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 12 State or province 13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage **Plan Start Month (Enter 2-digit number):**

14 Offer of Coverage (enter required cost)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 49804 Safe Harbor and Other Special Party Code (if applicable)													

Part III Covered Individuals
 If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60109M Form 1095-C (2017)

More Tips for Filling Out Form 1095-C

- If you used Code 1A in line 14, skip lines 15 and 16
- The dollar amount in line 15 is the employee's share of the cost for employee-only coverage
- If you offered different plan levels, use the lowest cost plan that is minimum essential coverage providing minimum value that was offered to the employee
- On line 16, if the employee was not enrolled in coverage, you can declare a safe harbor or explain why you didn't make an offer of coverage
- In Part III, list the employee as well as the family members and report coverage for partial months

120118

Form **1094-C** Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns CORRECTED OMB No. 1545-2051

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1094C for instructions and the latest information.

2017

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (employee)		2 Employee identification number (EIN)	
3 Street address (including room or suite no.)			
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	
7 Name of person to contact		8 Contact telephone number	
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact		16 Contact telephone number	
17 Reserved <input type="checkbox"/>			

For Official Use Only
[] [] [] [] [] [] [] [] [] []

18 Total number of Forms 1095-C submitted with this transmittal ▶

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member ▶

21 Is ALE Member a member of an Aggregated ALE Group? Yes No

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

A. Qualifying Offer Method B. Reserved C. Reserved D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Oct. No. 81571A Form **1094-C** (2017)

Wellness Programs Summary of Requirements

- Wellness programs offer incentives for health screenings and/or healthy behaviors
- Must be reasonably designed to promote health or prevent disease, and must not be overly burdensome or motivated by subterfuge
- Must offer reasonable accommodation or alternative standard and notice of availability of accommodation/alternative
- Must provide a notice describing the wellness program and incentives, how health information will be obtained and used, and who will receive the information
- Medical information must be kept confidential and can only be provided to the employer in aggregate form, except as necessary for administration
- Must be voluntary (EEOC regulations say incentives may be up to 30% of the cost of employee-only coverage and still be voluntary)

What Can You Do?

- Check on the status of this matter after March 30, 2018 (the date the court ordered the EEOC to report in)
- Prepare for the fact that the current EEOC rules could be vacated on January 1, 2019
- If you already have a wellness program, continue following the EEOC rules, including incentive limits and wellness program notices until further guidance is released
- If you were considering adopting a wellness program, consider delaying until plan year 2020

SPDs, Disability Claims, Updates

Summary Plan Descriptions – Overview & Best Practices

- Summary describing plan's terms & benefits & participant responsibilities
 - Generally applicable to all ERISA plans with limited exemptions
- Written in a manner *your* average participant can understand
 - Use simple declarative sentences & cross-references
 - Explain the rules *and* the consequences of failure
- Material changes require a formal amendment—an SMM
 - Consider notifying participants “informally” beforehand

Summary Plan Descriptions – Requirements & Best Practices

Must Include (non-exhaustive):*	Should Include (non-exhaustive):**
<ul style="list-style-type: none"> • Eligibility & participation guidelines • Identifying info (plan name, admin info) • Funding & contribution mechanisms • Amendment & termination provisions • Claims & appeals procedures** • Statement of ERISA rights, etc. 	<ul style="list-style-type: none"> • Reserve discretionary authority • Plan's statute of limitations • Overpaid benefits, uncashed pymts. • A "non-waiver" clause • Participant cooperation req't's. • Unique /recurring situations

*See ERISA 102 and DOL Regulation 2520.102-2 & -3); **consider new disability rules

Summary Plan Descriptions – Providing: The Who's & Best Practices

Who's Responsible to Provide It?	Who Needs to Receive It?*
<ul style="list-style-type: none"> • Plan Administrator (usually plan sponsor) • Not insurer/TPA (unless delegated) 	<ul style="list-style-type: none"> • Welfare: covered participants only • Retirement: covered participants & beneficiaries receiving payments

*Don't forget about special situations (e.g., COBRA, QMCSO, retirees, decedents)

Summary Plan Descriptions – Providing: The When’s, The How’s & Best Practices

When Do You Provide It?	How Do You Provide It?
<ul style="list-style-type: none"> • When effective (up to 120 days ltr.) • When eligible (no later than 90 days) • Every 5 yrs. (10 if no material changes) • 30 days after written request • SMM: usu. 210 days after yr. of adopt.* 	<ul style="list-style-type: none"> • Method reasonably calculated to ensure actual receipt • Acceptable methods: first class mail, hand-delivery, electronic delivery (computer access & integral to duties)

*Or 60 days after for medical plan where making material reduction to benefits/services

New Rules for Disability Claim Procedures – See [Compliance](#) & [Readiness](#) Newsletters

- Effective for claims filed on or after April 1, 2018
- Applies to disability and retirement plans where disability creates payment or benefit events
 - E.g., distribution event, accelerated/automatic vesting, unreduced benefit
- Gating Question: Who makes the disability determination?
 - Is it you or a third-party? Do you need to comply or monitor someone else?
 - Rules effectively don't apply to plans where determination is made by a third-party, such as the SSA or your LTD carrier—see the preamble—but you may still have a role to play

New Rules for Disability Claim Procedures – New Requirements Include:

- Ensuring independence & impartiality (e.g., no bonuses based on denials)
- Improved disclosure requirements
 - fully explaining any disagreements; inclusion of internal rules & protocols
 - for claim denials, all relevant documents will be provided upon request
 - description of contractual limitations period, with specific expiration date
- Right to respond to new evidence or rationales
- Failure to comply may allow a claimant to immediately file suit in court

New Rules for Disability Claim Procedures – What Should You Do Now?

- Determine who makes the disability determination & think about changes
 - E.g., for retirement plans, do you want LTD and/or SSA to decide?
- Double check vendor contracts for impartiality
- If applicable, ensure plan's appeal process allows the right to review & respond
- Review denial notices carefully

New User Fees for VCP Corrections – See [Check-Up Newsletter](#)

New Fee Structure – Effective January 2, 2018

Total Amount of Net Plan Assets*	Corresponding User Fee**
\$0 - \$500,000	\$1,500
\$500,000 - \$10M	\$3,000
Greater than \$10M	\$3,500
*Often determined from most recently filed Form-5500 annual report	
**Previously, ranged from \$500 - \$15,000, per number of participants	

New Rules for Retirement Plan Loans – The Background

- Employees with loans who (i) terminate employment (or the plan terminates), and (ii) roll over their accounts (including loan) into another eligible retirement plan
 - Failure to repay loan deemed a distribution, subject to inc. taxes & 10% penalty

Deadline to Repay Loan – for Terminated Employees (or Plans)

- 60 days to repay
- October of the following year*

*The due date, including extensions, of individual's return for year at issue

New Rules for Retirement Plan Loans – So, What Should You Do, if Anything?

- So, what should you do, if anything?
 - Check plan document and loan policy to see if any changes are needed
 - Review any employee communications prepared internally
 - Consider reaching out to your recordkeeper
 - Determine if adjustments are needed for rollover contribution procedures

Joint Employer Issues

What Is “Joint Employment”

- Historically: long-standing legal doctrine where one entity is deemed to also be the employer of another entity’s workers
 - Required “direct and immediate” control
- 2015: Attempts to shift to a far more expansive, worker-friendly standard
 - “Indirect control” or meaningful influence
- 2017-2018: Shifting back to old standard?
 - DOL yanks previous guidance
 - NLRB reverses its reversal

Joint Employment Implications

- Significantly greater liabilities and risks:
 - Statutory coverages for employees (FMLA, ACA, etc.)
 - Liability for wage and hour violations
 - Substantial benefits liabilities
 - Potential union organizing and labor relations risks
- Effort at joint employment changes a response to the supposedly “fractured workplace”
 - But practically speaking, a device to apply pressure and confer economic power with workers/unions
- What is more fractured is the legal landscape
 - Different tests in different areas and jurisdictions

More Political Than Legal

- Joint employment has become a political issue first, and appears it will stay that way
 - Response to widening economic gaps and shrinking labor power and influence
 - Exceptionally partisan issue, and politicians now paying attention because advocacy groups are
- The NLRB remains the epicenter of the joint employment political showdown
- Congressional action could bring some stability, but Congress would first have to act
 - Currently pending “Save Local Business Act”

Challenges For Employers

- Joint employment is not a one-facet issue:
 - What is the applicable standard?
 - What is the legal area at issue?
 - Where is the issue surfacing?
 - What is the risk spectrum to manage?
 - Are there even any rules upon which to rely?
 - What will the rules be tomorrow?
 - How do I still manage brand integrity?

Joint Employment Risk Sectors

- “Typical” subcontract relationships should generally be safe
- But more common risk areas are:
 - Longer term subcontracting relationships
 - Franchise relationships
 - Construction
 - Sectors where employee demographics are more susceptible to union pressure and political scrutiny

Questions?

- Enter your questions using the Q&A widget
- CLE questions? Contact Kayla Huven at khuven@foley.com. Certificates of attendance will be distributed via email to eligible participants approximately 8 weeks after the web conference.

Thank You

ATTORNEY ADVERTISEMENT. The contents of this document, current at the date of publication, are for reference purposes only and do not constitute legal advice. Where previous cases are included, prior results do not guarantee a similar outcome. Images of people may not be Foley personnel.
© 2018 Foley & Lardner LLP

FOLEY
FOLEY & LARDNER LLP