

[Date]

[Name of Governance Body/Plan Committee]

[Company Name]

[Address]

[City, State, Zip Code]

RE: Governance Communication Regarding the [Full Name of Benefit Plan]

Dear Members of the [Committee Name],

This letter serves to formally communicate key information regarding the governance, oversight, and operational status of the [Name of Benefit Plan] (the "Plan") for the period ending [Date].

1. Fiduciary Responsibilities

The Plan continues to be administered in accordance with the Employee Retirement Income Security Act (ERISA) and other applicable regulatory requirements. The Committee has acted solely in the interest of plan participants and beneficiaries for the exclusive purpose of providing benefits and defraying reasonable expenses.

2. Financial Statement Audit and Reporting

The annual audit of the Plan's financial statements has been completed by [Name of Audit Firm]. [Select one: No significant deficiencies were identified / The following items were noted for improvement: (List items)]. The Form 5500 has been prepared and is scheduled for filing by [Deadline Date].

3. Investment Performance and Review

The Plan's investment lineup was reviewed on [Date] in conjunction with the Investment Policy Statement (IPS). The following actions were taken:

- [Item 1: e.g., Addition/Removal of specific funds]
- [Item 2: e.g., Review of fee benchmarks]

4. Internal Controls and Compliance

Internal controls related to participant contributions, distributions, and data security were tested. All employee contributions were remitted to the trust within the timelines prescribed by the Department of Labor. There are currently [no / the following] outstanding compliance corrections or Department of Labor inquiries.

5. Participant Communications

All required disclosures, including the Summary Annual Report (SAR) and Fee Disclosure notices, were distributed to participants on [Date] via [Method of Delivery].

6. Conclusion

The Committee remains committed to maintaining the highest standards of plan governance. Please contact [Contact Name] at [Phone/Email] if you have questions regarding this report or require additional documentation.

Sincerely,

[Signature]

[Name of Plan Administrator/Committee Chair]

[Title]