



APPEAL PANEL DECISION FORM

I. CLAIMANT AND CLAIM INFORMATION

Claimant Name	Last/Name of Business [REDACTED]	First	Middle
Claimant ID	[REDACTED]	Claim ID	[REDACTED]
Claim Type	Business Economic Loss		
Law Firm	[REDACTED]		

II. DECISION

Denial Upheld

Denial Overturned

III. PRIMARY BASIS FOR PANELIST DECISION

Please select the primary basis for your decision. You may also write a comment describing the basis for your decision.

- Claim should have been excluded.**
- Claim should have been denied.**
- Claim should not have been excluded.**
- Claim should not have been denied.**
- No error.**

Comment (optional):

Claimant is a Third Party Administrator of employer/employee pension plans, located in [REDACTED] Florida. The arguments on appeal are familiar ones based on the assignment of North American Industry Classification System codes (NAICS). The Administrator assigned code #524292, Third Party Administrator of Insurance and Pension Plans. The Claimant insists that it should have been designated as a code #41612, Human Resources Consulting Services, which includes employee benefits planning, communication and administration. This code is unrelated to the insurance industry. It argues that since it does not process claims or hold funds for clients, it is merely advising and consulting with them on how to qualify their plans with IRS and other agencies. However, Claimant's website and other documents show it is a self described administration firm and not a human resources company. The claim is excluded under Settlement Agreement Section 2.2.4.4.