

**Department of Justice**  
U.S. Attorney's Office  
Northern District of New York

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FOR IMMEDIATE RELEASE  
Thursday, November 5, 2020

## **Five Union Members Plead Guilty to Health Care Fraud**

ALBANY, NEW YORK – Five union members have pled guilty to defrauding their union's health care benefit program.

The announcement was made by Acting United States Attorney Antoinette T. Bacon; Michael C. Mikulka, Special Agent in Charge, New York Region, United States Department of Labor, Office of Inspector General (DOL-OIG); and Carol Hamilton, Boston Regional Director of the Employee Benefits Security Administration (EBSA).

Christopher Roberts, age 36, of Fort Edwards, New York; Earl Graham, age 43, of Glens Falls, New York; Jamie Ruggiero, age 40, of Lake Luzerne, New York; Shawn Martindale, age 43, of Glens Falls; and Torey Gannon, age 47, of South Glens Falls, New York, all received health care benefits under a welfare plan provided by the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, Local Union Number 773, based in Glens Falls. In addition to health insurance, the plan offered participants a health expense benefit, which reimbursed medical costs not covered by insurance.

In pleading guilty, Roberts, Graham, Ruggiero, Martindale, and Gannon each admitted to submitting fake receipts, purportedly reflecting medical expenses, for reimbursement under the health expense benefit, and to falsely certifying that the expenses reflected in the fake receipts were incurred. In reliance on the fake receipts, the welfare plan paid the defendants a total of more than \$67,000, as follows:

Roberts	\$11,500
Graham	\$14,052.72
Ruggiero	\$15,721.70
Martindale	\$3,748.89
Gannon	\$22,505

The defendants pled guilty between July 30, 2020 and November 5, 2020, before Senior United States District Judge Lawrence E. Kahn.

Acting U.S. Attorney Antoinette T. Bacon stated: "These defendants stole thousands of dollars from their union and, ultimately, from their fellow union members, who depend on the health care fund to

pay their medical expenses. We will continue to pursue greedy people who steal from benefit programs and enrich themselves at the expense of others.”

DOL-OIG Special Agent in Charge Michael Mikulka stated: “The defendants submitted false documents to a union-affiliated benefit plan in order to fraudulently obtain funds from the plan that they were not entitled to. The Office of Inspector General will vigorously pursue those who defraud employee benefit plans of funds needed to pay legitimate claims. We will continue to work with our law enforcement partners to investigate these types of allegations.”

EBSA Boston Regional Director Carol Hamilton stated: “Submitting fraudulent health expense claims to obtain reimbursements defrauds not only the health plan, it also breaks trust with other plan participants who depend on the plan for their health care expenses. The Employee Benefits Security Administration will continue to work with our law enforcement colleagues to identify and deter health plan fraud.”

The defendants, who are charged in separate cases, each face up to 10 years in prison, a fine of up to \$250,000, and a term of post-release supervision of up to 3 years. They will also be required to pay restitution. A defendant’s sentence is imposed by a judge based on the particular statute the defendant is charged with violating, the U.S. Sentencing Guidelines and other factors.

These cases were investigated by the U.S. DOL-OIG and the EBSA, and are being prosecuted by Assistant U.S. Attorney Cyrus P.W. Rieck.