

## Welfare Benefit Plan Reporting & Disclosure Calendar

### Reporting and Disclosure Requirements Introduced by the Patient Protection and Affordable Care Act (PPACA)

<b>TYPE OF DISCLOSURE</b>	<p><b>Summary of Benefits and Coverage (SBC)</b> — Must provide a summary of plan benefits coverage and cost-sharing arrangements. This notice requirement is in addition to the SPD requirement. Templates, samples and instructions available at: <a href="http://www.dol.gov/ebsa/healthreform/">http://www.dol.gov/ebsa/healthreform/</a></p> <p>Public Health Service Act (PHSA) §2715, 26 CFR §54.9815-2715, 29 CFR §2590.715-2715 &amp; 45 CFR §147.200</p>
<b>PLANS AFFECTED?</b>	Group health plans and health insurance issuers
<b>SENT TO/FILED WITH?</b>	Sent to participants and beneficiaries. No filing requirement.
<b>SENT BY?</b>	Plan administrator or health insurer
<b>DUE DATE</b>	For plans with open enrollment, first open enrollment period on or after September 23, 2012, and annually thereafter at reenrollment. For plans without open enrollment, first day of plan year that begins on or after September 23, 2012. For new enrollees, prior to enrollment. Within 7 business days of request by participant or beneficiary.

<b>TYPE OF DISCLOSURE</b>	<p><b>Health Insurance Marketplace Notice</b> — Must provide employees with written notice of coverage options available through the Health Insurance Marketplace (also known as "Exchanges"). Model notices available at: <a href="http://www.dol.gov/ebsa/healthreform/">http://www.dol.gov/ebsa/healthreform/</a></p> <p>29 USC § 218B</p>
<b>PLANS AFFECTED?</b>	N/A - All employers covered by the Fair Labor Standards Act are affected.
<b>SENT TO/FILED WITH?</b>	Sent to all employees including part-time employees and those not enrolled in employer health plan. No filing requirement.
<b>SENT BY?</b>	Employers covered by the Fair Labor Standards Act.
<b>DUE DATE</b>	Within 14 days of a new employee's start date.

<b>TYPE OF DISCLOSURE</b>	<p><b>Notice of "Grandfathered Plan" Status</b> — Must provide notice that plan is a grandfathered plan in any materials describing benefits under the plan to let participants and beneficiaries know that certain consumer protections may not apply under plan. Model language is available at: <a href="http://www.dol.gov/ebsa/healthreform/">http://www.dol.gov/ebsa/healthreform/</a></p> <p>26 Code of Federal Regulations (CFR) § 54.9815-1251T(a)(2), 29 CFR §2590.715-1251(a)(2) &amp; 45 CFR §147.140(a)(2)</p>
<b>PLANS AFFECTED?</b>	Grandfathered group health plans
<b>SENT TO/FILED WITH?</b>	Sent to participants and to beneficiaries. No filing requirement.
<b>SENT BY?</b>	Plan administrator or health insurer
<b>DUE DATE</b>	At open enrollment, and at any other time during the year when a summary of benefits under the plan is provided.

<b>TYPE OF DISCLOSURE</b>	<p><b>Notice of Choice of Providers</b> — Must provide notice in or with the plan's SPD (or similar description of plan benefits) of the right to choose a primary care provider (PCP), pediatrician or network provider specializing in obstetrical or gynecological care. Model language is available at: <a href="http://www.dol.gov/ebsa/healthreform/">http://www.dol.gov/ebsa/healthreform/</a></p> <p>26 CFR §54.9815-2719AT(a)(4), 29 CFR §2590.715-2719A(a)(4) &amp; 45 CFR §147.138(a)(4)</p>
<b>PLANS AFFECTED?</b>	Non-grandfathered group health plans that require designation of a primary care provider
<b>SENT TO/FILED WITH?</b>	Sent to participants and to beneficiaries. No filing requirement.
<b>SENT BY?</b>	Plan administrator or health insurer

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<b>DUE DATE</b>	At any time the plan provides participant with SPD or other similar description of plan benefits.
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<b>TYPE OF DISCLOSURE</b>	<b>Notice of Plan Changes</b> — Must provide advance notice of any material modification that would affect the content required in SBC.  PHSA §2715(d)(4), 26 CFR §54.9815-2715(b), 29 CFR §2590.715-2715(b) & 45 CFR §147.200(b)
<b>PLANS AFFECTED?</b>	Group health plans and health insurance issuers
<b>SENT TO/FILED WITH?</b>	Sent to enrollees. No filing requirement.
<b>SENT BY?</b>	Plan administrator, health insurer or plan sponsor
<b>DUE DATE</b>	If material modification is not reflected in most recent SBC and occurs other than in connection with a renewal or reissuance of coverage, 60 days prior to date on which the modification will become effective.

<b>TYPE OF DISCLOSURE</b>	<b>Notice of Rescission</b> — Must provide advance written notice of retroactive termination of coverage due to fraud or intentional misrepresentation of material facts by participant.  26 CFR § 54.9815-2712T, 29 CFR § 2590.715-2712 & 45 CFR § 147.128
<b>PLANS AFFECTED?</b>	Group health plans and health insurance issuers
<b>SENT TO/FILED WITH?</b>	Sent to affected participants and beneficiaries. No filing requirement.
<b>SENT BY?</b>	Plan administrator, health insurer or plan sponsor
<b>DUE DATE</b>	At least 30 days before rescinding coverage.

### Department of Health and Human Services (HHS) Reporting and Disclosure Requirements

<b>TYPE OF DISCLOSURE</b>	<b>Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices</b> — Must provide notice to participants describing participant rights with respect to protected health information (PHI), the plan's duties with respect to PHI, and the plan's uses and disclosures of PHI.  45 CFR §164.520
<b>PLANS AFFECTED?</b>	Group health plans
<b>SENT TO/FILED WITH?</b>	Sent to participants. No filing requirement.
<b>SENT BY?</b>	Plan administrator (self-funded plans) or health insurer (fully-insured plans)
<b>DUE DATE</b>	Initially upon enrollment. Within 60 days after a material change in practices. Reminder notice every 3 years.

<b>TYPE OF DISCLOSURE</b>	<b>Breach Notification for Unsecured PHI under Health Information Technology for Economic and Clinical Health Act (HITECH)</b> — Must provide notice with respect to unauthorized acquisition, access, use or disclosure of unsecured PHI.  45 CFR §164.400 - 164.414
<b>PLANS AFFECTED?</b>	Group health plans as well as other “covered entities” under HIPAA and their business associates
<b>SENT TO/FILED WITH?</b>	Sent to affected individuals. Filed with HHS and prominent media outlets in some cases.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Without unreasonable delay but not more than 60 days after discovery of breach. File with HHS and prominent media outlets contemporaneous with participant notice if breach involves more than 500 individuals.  Filed with HHS annually for breaches regarding fewer than 500 individuals.

<b>TYPE OF DISCLOSURE</b>	<b>Notice of Availability of Alternate Standard</b> — Must disclose, in all materials describing an activity-only or outcome-based health contingent wellness program, that reasonable alternative standards are available (or that the otherwise applicable standard may be waived) and certain other required information. Sample language provided at 29 CFR §2590.702(f)(3)(v).  26 CFR § 54.9802-1(f), 29 CFR § 2590.702(f) & 45 CFR § 146.121(f)
<b>PLANS AFFECTED?</b>	Health-contingent wellness programs.
<b>SENT TO/FILED WITH?</b>	Sent to participants and beneficiaries eligible to participate in health-contingent wellness program. No filing requirement.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Notice must be provided at the same time materials describing an activity-only or outcome-based health contingent wellness program are provided. In addition, notice must be provided at the same time any disclosure is provided that an individual did not satisfy an initial outcome-based standard.

Medicare Reporting and Disclosure Requirements	
<b>TYPE OF DISCLOSURE</b>	<b>Medicare Part D Creditable Coverage Notice</b> — Must disclose the creditable coverage status of the plan to Medicare eligible individuals. Model notices available at: <a href="http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Model-Notice-Letters.html">http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Model-Notice-Letters.html</a>  42 United States Code (USC) 1395w-113(b)(6) & 42 CFR §423.56
<b>PLANS AFFECTED?</b>	Group health plans sponsoring prescription drug plans.
<b>SENT TO/FILED WITH?</b>	Sent to all Medicare Part D eligible individuals enrolled in or seeking to enroll in employer’s prescription drug coverage. No filing requirement.
<b>SENT BY?</b>	Plan sponsor
<b>DUE DATE</b>	Distribute: <ul style="list-style-type: none"> <li>Prior to the Medicare Part D Annual Coordinated Election Period – October 15th through December 7th of each year;</li> <li>Prior to an individual’s enrollment period for Part D;</li> <li>Prior to the effective date of coverage for any Medicare eligible individual that joins the plan;</li> <li>Whenever an employer no longer offers prescription drug coverage or the creditable coverage status changes; and</li> <li>Upon a beneficiary’s request.</li> </ul>

<b>TYPE OF DISCLOSURE</b>	<b>Creditable Coverage Disclosure Notice to Centers for Medicare &amp; Medicaid Services (CMS)</b> — Must file disclosure with CMS stating whether prescription drug coverage is creditable coverage. Filed at: <a href="https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html">https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html</a>  42 USC 1395w-113(b)(6) & 42 CFR §423.56(e)
<b>PLANS AFFECTED?</b>	Group health plans sponsoring prescription drug plans. Entities that have been approved for claim a Retiree Drug Subsidy are exempt from disclosure requirement with respect to the retirees for whom plan claims subsidy.
<b>SENT TO/FILED WITH?</b>	No participant-reporting requirement. Filed with CMS through online form.
<b>SENT BY?</b>	Plan sponsor
<b>DUE DATE</b>	60 days after beginning of plan year, or within 30 days of termination of prescription drug plan or change in creditable status of plan.

<b>TYPE OF DISCLOSURE</b>	<b>Application for Retiree Drug Subsidy (RDS) &amp; Attestation of Actuarial Equivalence</b> — Must file application and attestation for purposes of receiving Retiree Drug Subsidy. Filed at: <a href="http://www.rds.cms.hhs.gov/">http://www.rds.cms.hhs.gov/</a>  42 USC 1395w-132 & 42 CFR § 423.884
<b>PLANS AFFECTED?</b>	Group health plans that provide retiree drug coverage and are applying for a Retiree Drug Subsidy.
<b>SENT TO/FILED WITH?</b>	No participant-reporting requirement. Filed with CMS through online Retiree Drug Subsidy System.
<b>SENT BY?</b>	Plan sponsor
<b>DUE DATE</b>	Annually, at least 90 days prior to start of plan year. No later than 90 days before any material change to drug coverage that impacts the actuarial value of the coverage.

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<b>TYPE OF DISCLOSURE</b>	<b>Medicare Secondary Payer (MSP) Data Reporting Requirements (under Medicare, Medicaid, SCHIP)</b> — Report information about participants and beneficiaries who are Medicare enrollees for purpose of enforcing Medicare Secondary Payer Rules.  42 USC §1395y(b)(7)
<b>PLANS AFFECTED?</b>	Group health plans.
<b>SENT TO/FILED WITH?</b>	No participant-reporting requirement. Filed with CMS.
<b>SENT BY?</b>	Insurers and third-party administrators (TPAs). For self-insured, self-administered group health plans, plan administrator or plan fiduciary.
<b>DUE DATE</b>	Quarterly.

### Department of Labor (DOL) Reporting and Disclosure Requirements

<b>TYPE OF DISCLOSURE</b>	<b>Summary Plan Description (SPD)</b> — Must send summary of plan provisions and certain standard language required by Employee Retirement Income Security Act (ERISA).  ERISA §§102 & 104(b), 29 CFR §§2520.102-2,3 & 2520.104b-2
<b>PLANS AFFECTED?</b>	All welfare benefit plans subject to Title I of ERISA.
<b>SENT TO/FILED WITH?</b>	Sent to participants. No filing requirement.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	For new plans, within 120 days after plan's effective date. For amended plans, once every 5 years. For all other plans, once every 10 years. For new participants, within 90 days of becoming a participant.

<b>TYPE OF DISCLOSURE</b>	<b>Summary of Material Modifications (SMM)</b> — Must send SMM describing material modifications to a plan and changes in the information required to be in the SPD. Distribution of updated SPD satisfies this requirement.  ERISA §§102 & 104(b)(1) & 29 CFR §2520.104b-3
<b>PLANS AFFECTED?</b>	All welfare benefit plans subject to Title I of ERISA.
<b>SENT TO/FILED WITH?</b>	Sent to participants. No filing requirement.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Within 210 days after the end of plan year in which modification to plan is adopted. For new participants, within 90 days of becoming a participant; for beneficiaries, within 90 days after first receiving benefits.

<b>TYPE OF DISCLOSURE</b>	<b>Summary Annual Report</b> — Must provide summary of information reported on Form 5500. Required report format available at 29 CFR §2520.104b-10(d)(4).  ERISA §104(b)(3) & 29 CFR §2520.104b-10
<b>PLANS AFFECTED?</b>	All welfare benefit plans subject to Title I of ERISA.
<b>SENT TO/FILED WITH?</b>	Sent to participants. No filing requirement.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Later of 9 months after plan year ends or, where Form 5558 is filed to request extension of time for filing Form 5500, two months after Form 5500 is due.

<b>TYPE OF DISCLOSURE</b>	<b>Plan Documents and Government Reporting Forms</b> — Must make available copies of plan document, summary plan description, bargaining agreement, contracts, and latest annual report and schedules. Must send such documents upon request.  ERISA §104(b)(2) & (4) & 29 CFR §2520.104b-1(b)(3)
<b>PLANS AFFECTED?</b>	All welfare benefit plans subject to Title I of Employee Retirement Income Security Act (ERISA).
<b>SENT TO/FILED WITH?</b>	Sent to participants and beneficiaries. No filing requirement.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Send within 30 days of written request. Make available for examination during normal working hours.

<b>TYPE OF DISCLOSURE</b>	<b>Summary of Material Reduction in Covered Services or Benefits</b> — Must provide summary description of modifications that reduce covered services or benefits under plan.  ERISA §104(b) & 29 CFR §2520.104b-3(d)
<b>PLANS AFFECTED?</b>	All group health plans subject to Title I of ERISA.

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<b>SENT TO/FILED WITH?</b>	Sent to participants. No filing requirement
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Within 60 days after adoption of modification, or at regular intervals of not more than 90 days.

<b>TYPE OF DISCLOSURE</b>	<b>Women's Health and Cancer Rights Act (WHCRA) Notices</b> — Must provide notice describing required benefits for mastectomy-related reconstructive surgery, prostheses, and treatment of physical complications of mastectomy. Sample language available in: <a href="http://www.dol.gov/ebsa/pdf/CAGAppC.pdf">www.dol.gov/ebsa/pdf/CAGAppC.pdf</a>  ERISA §713
<b>PLANS AFFECTED?</b>	Group health plans and health insurers that provide medical and surgical benefits for mastectomies
<b>SENT TO/FILED WITH?</b>	Sent to participants and beneficiaries. No filing requirement
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Upon enrollment in plan and annually thereafter.

<b>TYPE OF DISCLOSURE</b>	<b>Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA or SCHIP) Disclosure of Plan Benefits</b> — Must disclose, upon request, information about plan benefits to state Medicaid or CHIP.  ERISA §701(f)(3)(B)(ii)
<b>PLANS AFFECTED?</b>	Group health plans and health insurers
<b>SENT TO/FILED WITH?</b>	No participant-reporting requirement. Filed with requesting state upon request.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	If requested by state Medicaid or CHIP program, provide within 30 days of date that request was sent to plan.

<b>TYPE OF DISCLOSURE</b>	<b>CHIPRA or SCHIP Notice to Employees.</b> — Must provide notice of potential opportunities to have states pay for coverage (Special Enrollment Right Notice should also be modified). Model notice available at: <a href="http://www.dol.gov/ebsa/chipmodelnotice.doc">http://www.dol.gov/ebsa/chipmodelnotice.doc</a> ERISA §701(f)(3)(B)(i)
<b>PLANS AFFECTED?</b>	Group health plans and health insurers
<b>SENT TO/FILED WITH?</b>	Sent to employees residing in states where Medicaid or state premium assistance is available (list of states found in model notice). No filing requirement.
<b>SENT BY?</b>	Employer
<b>DUE DATE</b>	Annually, by first day of plan year.

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<b>TYPE OF DISCLOSURE</b>	<b>Form M-1 (Report for Multiple Employer Welfare Arrangements (MEWAs) and Certain Entities Claiming Exception (ECEs))</b> — Must report compliance with federal health legislation (including HIPAA and Mental Health Parity Act). File at: <a href="http://www.askebsa.dol.gov/mewa/">http://www.askebsa.dol.gov/mewa/</a> ERISA §101(g) & 29 CFR §2520.101-2
<b>PLANS AFFECTED?</b>	Multiple Employer Welfare Arrangements (MEWAs)
<b>SENT TO/FILED WITH?</b>	No participant-reporting requirement. Filed with Employee Benefits Security Administration (EBSA)
<b>SENT BY?</b>	MEWA administrator or plan sponsor
<b>DUE DATE</b>	By March 1 of each year for the previous calendar year. For new MEWAs established between January 1 and September 30, within 90 days of date coverage begins.

<b>TYPE OF DISCLOSURE</b>	<b>Medical Child Support Order (MCSO) Notice</b> — Must provide notice regarding receipt and qualification of MCSO directing plan to provide coverage to participant's noncustodial child. ERISA §609(a)(5) & 29 CFR § 2590.609-2
<b>PLANS AFFECTED?</b>	Group health plan.
<b>SENT TO/FILED WITH?</b>	Sent to participants, any child named in MCSO and his or her representative. No filing requirement.
<b>SENT BY?</b>	Plan administrator.
<b>DUE DATE</b>	Promptly notify regarding receipt of MCSO. Issue separate notice stating whether MCSO is qualified within a reasonable time after receipt of MCSO.

<b>TYPE OF DISCLOSURE</b>	<b>National Medical Support (NMS) Notice</b> — Upon receiving NMS, employer must complete and return Part A of NMS notice to State agency or transfer Part B of NMS notice to plan administrator for determination of qualified status. ERISA § 609 & 29 CFR § 2590.609-2
<b>PLANS AFFECTED?</b>	Employer and group health plan.
<b>SENT TO/FILED WITH?</b>	Sent to participants, custodial parents, child named in NMS notice and his or her representative. Filed with State agencies.
<b>SENT BY?</b>	Plan administrator.
<b>DUE DATE</b>	Within 20 days after date of notice or sooner (if reasonable), employer sends Part A to State agency or Part B to plan administrator. Administrator notifies affected persons of receipt of notice and procedures for determining qualified status. Within 40 days after date of notice or sooner (if reasonable), administrator sends Part B to State agency and provides certain information to affected persons. Under certain circumstances, employer also sends Part A to State agency after plan administrator processes Part B.

<b>TYPE OF DISCLOSURE</b>	<b>Notice Regarding Benefits Under Newborns' and Mothers' Health Protection Act (NMHPA).</b> — Must provide notice describing NMHPA requirements regarding minimum hospital stays for the mother or newborn following delivery (for vaginal delivery, 48 hours; for cesarean, 96 hours). Sample language available in: <a href="http://www.dol.gov/ebsa/pdf/CAGAppC.pdf">www.dol.gov/ebsa/pdf/CAGAppC.pdf</a> ERISA §711(d) & DOL Reg. §2520.102-3(u)
<b>PLANS AFFECTED?</b>	Group health plans that provide maternity or newborn coverage.
<b>SENT TO/FILED WITH?</b>	Sent to participants. No filing requirement
<b>SENT BY?</b>	Plan administrator or health insurer
<b>DUE DATE</b>	Distribute in accordance with SPD rules.

### Internal Revenue Service (IRS) Reporting and Disclosure Requirements



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<b>TYPE OF DISCLOSURE</b>	<b>Form 1094-C (Transmittal Form) and Form 1095-C (Employer-Provided Health Insurance Offer and Coverage Return)</b> — Use to provide information regarding offers of health coverage to employees and employee enrollment in health coverage. Forms and instructions available at: <a href="https://www.irs.gov/forms-pubs/about-form-1095-c">https://www.irs.gov/forms-pubs/about-form-1095-c</a> and <a href="https://www.irs.gov/forms-pubs/about-form-1094-c">https://www.irs.gov/forms-pubs/about-form-1094-c</a>
<b>PLANS AFFECTED?</b>	N/A - Employers subject to PPACA's employer shared responsibility provisions. Applies to employers that offer self-funded or fully-insured coverage.
<b>SENT TO/FILED WITH?</b>	Send 1095-C (but not 1094-C) to full-time employees (for PPACA purposes) and to all employees (full-time or part-time) who had plan coverage. Filed with IRS.
<b>SENT BY?</b>	Employers subject to PPACA's employer shared responsibility provisions.
<b>DUE DATE</b>	Send 1095-C (but not 1094-C) to employees by January 31 of each year. File by February 28 if filing with paper forms (March 31 if filing electronically). For 2018-related Forms, delayed date of March 4, 2019 (for sending to individuals).

<b>TYPE OF DISCLOSURE</b>	<b>Form 1094-B (Transmittal Form) and Form 1095-B (Health Coverage Return)</b> — Use to provide information regarding minimum essential coverage. Forms and instructions available at: <a href="https://www.irs.gov/forms-pubs/about-form-1094-b">https://www.irs.gov/forms-pubs/about-form-1094-b</a> and <a href="https://www.irs.gov/forms-pubs/about-form-1095-b">https://www.irs.gov/forms-pubs/about-form-1095-b</a> IRC §4980H, IRC §6055, & IRC §6056
<b>PLANS AFFECTED?</b>	N/A - Every person that provides minimum essential coverage to an individual during a calendar year, other than employers who sponsor self-funded plans and are subject to PPACA's employer shared responsibility provisions. Employers with 50 or more full-time employees including full-time equivalent employees are generally subject to PPACA's employer shared responsibility provisions.
<b>SENT TO/FILED WITH?</b>	Send 1095-B (but not 1094-B) to individuals. Filed with IRS.
<b>SENT BY?</b>	Generally, employers that sponsor self-funded employer coverage but are not subject to PPACA's employer shared responsibility provisions, and health insurers.
<b>DUE DATE</b>	Send to covered individuals by January 31 of each year. File by February 28 if filing with paper forms (March 31 if filing electronically). For 2018-related Forms, delayed date of March 4, 2019 (for sending to individuals).

<b>TYPE OF DISCLOSURE</b>	<b>Form W-2 (Wage and Tax Statement)</b> — Use to report cost of coverage under employer-sponsored group health plan. In addition, use to report wages, sick pay, group legal services contributions or benefits, supplemental unemployment benefits, premiums for group-term life insurance above \$50,000, employer contributions to medical savings accounts, payments under adoption assistance plans and other taxable benefits. IRC §3401 & IRC §6051(a)(14)
<b>PLANS AFFECTED?</b>	Welfare benefit plans and employers.
<b>SENT TO/FILED WITH?</b>	Sent to participants. Filed with Social Security Administration.
<b>SENT BY?</b>	Employer
<b>DUE DATE</b>	Send to participants by January 31 of each year. File by February 28 if filing with paper forms (March 31 if filing electronically).

<b>TYPE OF DISCLOSURE</b>	<b>Form 990 &amp; Form 990EZ (Annual Return of Organization Exempt from Income Tax)</b> — Must file to provide information to IRS. Form used depends on organization's annual gross receipts and total year-end assets. Forms and instructions available at: <a href="http://apps.irs.gov/app/picklist/list/formsPublications.html">http://apps.irs.gov/app/picklist/list/formsPublications.html</a> IRC §501(c)
<b>PLANS AFFECTED?</b>	Tax-exempt organizations (e.g., 501(c)(9) VEBA trusts)
<b>SENT TO/FILED WITH?</b>	Sent to participants on written request. Filed with IRS.
<b>SENT BY?</b>	Plan administrator

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<b>DUE DATE</b>	Within 4-1/2 months after end of plan year unless extension is received by filing Form 8868 before due date.
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<b>TYPE OF DISCLOSURE</b>	<b>Form 8928 (Return of Certain Excise Taxes Under Chapter 43 of IRC)</b> — Use to report and pay excise taxes with respect to failures to comply with certain requirements, such as COBRA, HIPAA portability and nondiscrimination, and PPACA mandates. Form available at: <a href="http://apps.irs.gov/app/picklist/list/formsPublications.html">http://apps.irs.gov/app/picklist/list/formsPublications.html</a>  IRC §§4980B & 4980D
<b>PLANS AFFECTED?</b>	Group health plans
<b>SENT TO/FILED WITH?</b>	No participant-reporting requirement. Filed with IRS.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	File on or before due date for federal income tax return unless extension is received by filing Form 7004 before due date.

<b>TYPE OF DISCLOSURE</b>	<b>Form 8941 (Credit for Small Employer Health Insurance Premiums)</b> — Use to calculate the credit for small employer health insurance premiums. Form available at: <a href="http://apps.irs.gov/app/picklist/list/formsPublications.html">http://apps.irs.gov/app/picklist/list/formsPublications.html</a>
<b>PLANS AFFECTED?</b>	N/A - Eligible small businesses and tax-exempt organizations.
<b>SENT TO/FILED WITH?</b>	No participant-reporting requirement. Filed with IRS.
<b>SENT BY?</b>	Employer
<b>DUE DATE</b>	For small businesses, file with tax return. For small tax-exempt organizations, file with Form 990-T.

<b>TYPE OF DISCLOSURE</b>	<b>Form 720 (Quarterly Federal Excise Tax Return)</b> — Use to pay the Patient Centered Outcomes Research Institute (PCORI) fee. Form available at: <a href="http://apps.irs.gov/app/picklist/list/formsPublications.html">http://apps.irs.gov/app/picklist/list/formsPublications.html</a>
<b>PLANS AFFECTED?</b>	Health insurance issuers and plan sponsors required to pay PCORI fee
<b>SENT TO/FILED WITH?</b>	No participant-reporting requirement. Filed with IRS.
<b>SENT BY?</b>	Health insurance issuer or plan sponsor.
<b>DUE DATE</b>	File by July 31 of the calendar year following the end of the plan year.

<b>TYPE OF DISCLOSURE</b>	<b>Form 1099-LTC (Long-Term Care and Accelerated Death Benefits)</b> — Use to report payments made under long-term care insurance contract and for accelerated death benefits. Form available at: <a href="http://apps.irs.gov/app/picklist/list/formsPublications.html">http://apps.irs.gov/app/picklist/list/formsPublications.html</a>
<b>PLANS AFFECTED?</b>	N/A. Applies to payer of benefits.
<b>SENT TO/FILED WITH?</b>	Sent to recipient of payment. Filed with IRS.
<b>SENT BY?</b>	Payer
<b>DUE DATE</b>	Send to recipients by January 31. File by February 28 if filing with paper forms (March 31 if filing electronically).

### Joint DOL/IRS Reporting and Disclosure Requirements

<b>TYPE OF DISCLOSURE</b>	<b>Form 5500 Series (Annual Return/Report of Employee Benefit Plan) and applicable Schedules</b> — Must file to provide plan information to Department of Labor (DOL) and Internal Revenue Service (IRS). Filing requirements vary with type and size of plan. File Form 5500 with the DOL at: <a href="http://www.efast.dol.gov/welcome.html">http://www.efast.dol.gov/welcome.html</a> ERISA §§103-104, 29 CFR §2520.103-1
<b>PLANS AFFECTED?</b>	All welfare benefit plans subject to Title I of ERISA. Exceptions for certain plans are found in the Form 5500 instructions (available at <a href="http://www.dol.gov/ebsa/5500main.html">http://www.dol.gov/ebsa/5500main.html</a> ).
<b>SENT TO/FILED WITH?</b>	Sent to participants and beneficiaries on written request. Filed electronically with DOL.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Within seven months after end of plan year unless extension is submitted by filing Form 5558 before due date. If filing for a Direct Filing Entity (DFE), 9½ months after close of DFE's year, no extension is permitted. There are various IRS and DOL penalties for failure to file on time.

<b>TYPE OF DISCLOSURE</b>	<b>Initial Notice of Continuation of Health Coverage under Consolidated Omnibus Budget Reconciliation Act (COBRA)</b> — Must provide general notice regarding COBRA continuation coverage rights. Model notice available at: <a href="http://www.dol.gov/ebsa/modelgeneralnotice.doc">http://www.dol.gov/ebsa/modelgeneralnotice.doc</a> ERISA §606(a)(1), IRC §4980B(f)(6)
<b>PLANS AFFECTED?</b>	Group health plans
<b>SENT TO/FILED WITH?</b>	Sent to covered employees and covered spouses. No filing requirement.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Within 90 days after the date on which employee or spouse commences coverage.

<b>TYPE OF DISCLOSURE</b>	<b>COBRA Election Notice</b> — Must provide notice of right to elect COBRA coverage upon occurrence of qualifying event. Model notice available at: <a href="http://www.dol.gov/ebsa/modelectionnotice.doc">http://www.dol.gov/ebsa/modelectionnotice.doc</a> ERISA § 606(a)(4), IRC § 49808(f)(6)
<b>PLANS AFFECTED?</b>	Group health plans
<b>SENT TO/FILED WITH?</b>	Sent to covered participants and qualified beneficiaries. No filing requirement.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Within 14 days after plan administrator is notified of qualifying event in relation to qualified beneficiary. If employer is the plan administrator, then no later than 44 days after: (1) the date on which the qualifying event occurred, or (2) if the plan provides that COBRA coverage starts on the date of loss of coverage, the date of loss of coverage due to the qualifying event.

<b>TYPE OF DISCLOSURE</b>	<b>Wellness Notice</b> -- Per May 2016 EEOC ADA regulations, employers must provide notice relating to certain wellness plans. Notice must generally describe medical information to be collected as part of wellness plan as well as how it will be used.
<b>PLANS AFFECTED?</b>	Generally, wellness programs which collect medical information.
<b>SENT TO/FILED WITH?</b>	Sent to employees. No filing requirement.
<b>SENT BY?</b>	Distribution requirements somewhat unclear -- likely an annual notice, provided in advance of collection of medical information.
<b>DUE DATE</b>	See above.

## Welfare Benefit Plan Reporting & Disclosure Calendar

<b>TYPE OF DISCLOSURE</b>	<b>Form 5558 (Application for Extension of Time)</b> — Must file to request extension of time to file Form 5500 (maximum of 2-1/2 months). Form available at: <a href="http://apps.irs.gov/app/picklist/list/formsPublications.html">http://apps.irs.gov/app/picklist/list/formsPublications.html</a>
<b>PLANS AFFECTED?</b>	All welfare benefit plans subject to Form 5500 requirements.
<b>SENT TO/FILED WITH?</b>	Filed with IRS.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	On or before normal due date for filing Form 5500 (filing required but approval is automatic).

<b>TYPE OF DISCLOSURE</b>	<b>Notice of Unavailability of Continuation Coverage under COBRA</b> — Must provide notice if an individual is not entitled to COBRA coverage. DOL Reg. §2590.606-4(c)
<b>PLANS AFFECTED?</b>	Group health plans
<b>SENT TO/FILED WITH?</b>	Sent to individual who submits qualifying event notice and is not entitled to COBRA coverage. No filing requirement.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Within 14 days after individual submits qualifying event notice.

<b>TYPE OF DISCLOSURE</b>	<b>Notice of Early Termination of Continuation Coverage under COBRA</b> — Must provide notice if a qualified beneficiary's COBRA coverage is terminating earlier than the maximum period of coverage. DOL Reg. §2590.606-4(d)
<b>PLANS AFFECTED?</b>	Group health plans
<b>SENT TO/FILED WITH?</b>	Sent to qualified beneficiary whose COBRA coverage will terminate early. No filing requirement.
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	As soon as practicable following plan administrator's determination that COBRA coverage will terminate early.

<b>TYPE OF DISCLOSURE</b>	<b>Notice of Insufficient Payment of COBRA Premium</b> — Treas. Reg. §54.4980B-8, Q&A5(d) Notice to qualified beneficiary that payment for COBRA continuation coverage was less (but not “significantly less”) than correct amount
<b>PLANS AFFECTED?</b>	Group health plans
<b>SENT TO/FILED WITH?</b>	Sent to affected qualified beneficiaries. No filing requirement
<b>SENT BY?</b>	Plan administrator
<b>DUE DATE</b>	Plan must provide reasonable period to cure deficiency before terminating COBRA. A 30-day grace period will be considered reasonable.

<b>TYPE OF DISCLOSURE</b>	<b>Notice of Special Enrollment Rights</b> — Must distribute a notice regarding the plan's special enrollment rules (notice should include enrollment rights created by the Children's Health Insurance Program Reauthorization Act of 2009). Sample language available in: <a href="http://www.dol.gov/ebsa/pdf/CAGAppC.pdf">www.dol.gov/ebsa/pdf/CAGAppC.pdf</a> ERISA §701(f) & IRC §9801(f)
<b>PLANS AFFECTED?</b>	Group health plans
<b>SENT TO/FILED WITH?</b>	Sent to employees eligible to enroll in group plan. No filing requirement.
<b>SENT BY?</b>	Plan administrator or health insurer
<b>DUE DATE</b>	At or before the time the employee is initially offered the opportunity to enroll in plan.

## Welfare Benefit Plan Reporting & Disclosure Calendar

<b>TYPE OF DISCLOSURE</b>	<b>Michelle's Law Notice</b> — Must provide notice of extended coverage for post-secondary education students on medical leave. <b>NOTE:</b> Due to PPACA, this notice generally applies only to plans that cover dependents age 26 or older on the basis of student status. ERISA §714 and IRC §9813
<b>PLANS AFFECTED?</b>	Group health plans that require certification of student status for coverage under plan.
<b>SENT TO/FILED WITH?</b>	Sent to participants. No filing requirement.
<b>SENT BY?</b>	Plan administrator or health insurer.
<b>DUE DATE</b>	Include notice in description of applicable eligibility requirement or certification.

<b>TYPE OF DISCLOSURE</b>	<b>1557 Nondiscrimination Notice</b> -- Per regulations which became effective in July 2016, certain health plans must provide notice of compliance with nondiscrimination provisions of ACA Section 1557.
<b>PLANS AFFECTED?</b>	Generally, plans which receive "federal financial assistance". Most plans likely will not be impacted (but a minority will be).
<b>SENT TO/FILED WITH?</b>	Sent to individuals covered by plan. Generally requires notice in "significant publications" and "significant communications". Exact scope and placement (e.g., in EOBs) is unclear.
<b>SENT BY?</b>	May need to be included in many types of notices and communications, on an ongoing basis.
<b>DUE DATE</b>	See above.

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