Health & Welfare Plan Reporting and Disclosure Checklist **Note**: This material is for the sole purpose of providing general information and does not under any circumstances constitute legal advice. You should seek the advice of counsel when applying the requirements to your plans.		Responsible Party	Compliance check Indicate results below *Illustrative audit results provided; tailor to your own situation.*
What	**When**		
Summary Plan Description (SPD)	▪ Within 120 days of plan becoming subject to ERISA ▪ Within 90 days of becoming a participant or beneficiary ▪ Updated SPDs must be distributed every five years if changed or every 10 years if no changes		*Latest SPD updated to plan changes mm/yy* *SPD distributed by (indicate who distributed and when)*
Summary of Material Modifications (SMM)	No later than 210 days after the end of the Plan year in which the change is adopted		*Distributed as part of open enrollment material*
Summary Annual Report (SAR)	Within 9 months after the end of the Plan year or 2 months after filing the Form 5500.		
Plan Documents under which the plan is operated	▪ Copies must be furnished no later than 30 days following written request ▪ Made available at principal office and certain other locations.		*Plan documents maintained by (indicate whom)* *Plan documents last updated (indicate date)*
Summary of material reduction in covered services or benefits	Generally within 60 days of adoption of material reduction in group health plan services or benefits.		
Notices			
CHIPRA	This notice must be provided by the later of (1) the first day of the first plan year after February 4, 2010; or (2) May 1, 2010, i.e., January 1, 2011 for calendar-year plans. The Notice is required to be provided on an annual basis. The Model CHIP Notice can be found at the DOL website.		
Initial COBRA notice	Within 90 days of the later of the date plan coverage begins or the first date the plan becomes subject to COBRA		

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COBRA election notice	▪ Employer must notify plan administrator within 30 days of employee's death, retirement, termination, reduction in hours or date of loss of coverage ▪ Plan administrator must notify employee within 14 days after being notified of the qualifying event Note: if employer and plan administrator are the same, the notice requirement is 44 days.		
COBRA premium insufficiency	Upon insufficient premium.		
Notice of Unavailability of COBRA	If applicable, within 14 days after the plan administrator receives a notice of a qualifying event.		
COBRA early termination	Upon any termination of COBRA coverage that will occur before the maximum period of COBRA coverage.		
HIPAA Privacy Notice	▪ at the time of enrollment for new enrollees ▪ upon request ▪ within 60 days of a material change to the Notice ▪ no less frequently than once every 3 years.		
HIPAA certificate of creditable coverage	▪ Upon losing group health coverage ▪ Upon becoming eligible for COBRA ▪ When COBRA coverage ceases ▪ Upon request anytime before losing coverage and within 24 months of losing coverage **Required through December 31, 2014.**		**Note:** The IRS proposed regulations in March 2013 note that the evidence of creditable coverage requirement has been superseded by the prohibition on pre-existing conditions effective *December 31, 2014.*

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What	**When**		
HIPAA notice of pre-existing condition exclusion	▪ Before any preexisting condition may be applied to any individual. ▪ Notice may be included in a group health plan's enrollment material		**Note:** Not applicable for **plan years** beginning on or after 1/1/2014.
HIPAA individualized notice of pre-existing condition exclusion	Within a reasonable time after participant or covered dependent provides evidence of prior creditable coverage.		**Note:** Not applicable for **plan years** beginning on or after 1/1/2014
HIPAA notice of special enrollment rights	On or before the time an employee is offered an opportunity to enroll in the group health plan. Effective 4/1/2009, CHIPRA added an additional special enrollment opportunity).		
Breach Notifications for unsecured PHI	Within 60 days of discovery (media notice is also required if breach affects more than 500 residents of a state or jurisdiction).		
NHMPA (Newborn's Act)	▪ Include in SPD/SMM; SPD/SMM timeframes applicable.		*Included in SPD*
Wellness Program disclosure	▪ Upon offer of a wellness program that requires individuals to satisfy a standard related to a health factor. Must be in included in all materials that describe the wellness program.		
Women's Health and Cancer Rights Act notices (WHCRA)	▪ Upon enrollment ▪ Annually		*Included in new employee orientation kit and annual open enrollment and in SPD*

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What	**When**		
Medical Child Support Order (MCSO)	▪ Upon receipt of MCSO, administrator must issue notice including procedures for determining qualified status. ▪ Notice regarding qualified status		
National Medical Support Notice (NMS)	▪ Employer must send Part A to the State agency or Part B to the plan administrator within 20 days after the date of the notice or sooner if reasonable. ▪ Administrator must notify affected persons of receipt of the notice and procedures for determining qualified status. ▪ Within 40 business days after its date or sooner, administrator must return Part B to the state agency and provide information to affected persons.		
Medicare Part D Creditable Coverage Notice	▪ Before the beginning of Medicare Part D annual enrollment period ▪ Before an individual is first eligible for Medicare Part D ▪ Before the effective date of coverage for any Medicare eligible individual that joins the plan ▪ Whenever prescription drug coverage ends or changes so that it is no longer creditable or becomes creditable ▪ Upon request		
Michelle's Law	▪ For group health plans that cover dependents 26 years of age or older on the basis of student status, provide notice when medical leave begins or when notice of student status is required.		
Notice of a Group Health Plan's exemption from the MHPA	A group health plan can claim an exemption from the Mental Health Parity Act requirements if the plan's costs increase one percent or more due to the application of MHPA's requirements. DOL has provided a sample notice.		

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What	**When**		
Health Care Reform Notices			
Grandfather Notice	To maintain status as a grandfathered health plan, a plan or health insurance coverage must include a statement, in any plan materials provided to a participant or beneficiary describing the benefits provided under the plan or health insurance coverage, that the plan or coverage believes it is a grandfathered health plan. A model notice can be found at the DOL's website.		*Indicate whether recent plan changes resulted in loss of grandfather status*
Young adult to age 26 enrollment Notice	If coverage of a dependent child ended before age 26, either the plan or the issuer must provide written notice giving the dependent the opportunity to enroll. A dependents model notice can be found at the DOL's website.		
Patient Protection Notice	Individuals enrolled in a plan or health insurance coverage know of their rights to (1) choose a primary care provider or a pediatrician when a plan or issuer requires designation of a primary care physician; or (2) obtain obstetrical or gynecological care without prior authorization. The notice must be provided whenever the plan or issuer provides a participant with a summary plan description or other similar description of benefits under the plan or health insurance coverage, or in the individual market, provides a primary subscriber with a policy, certificate, or contract of health insurance. A patient protection model notice can be found at the DOL's website.		
Lifetime Limit Notice	Individuals who reached a lifetime limit under a plan or health insurance coverage prior to the applicability date of these interim		

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	final regulations and are otherwise still eligible under the plan or health insurance coverage must be provided with a notice that the lifetime limit no longer applies. The lifetime limit model notice can be found at the DOL's website.		
Claims and Appeals Model Notices	PPACA requires both an internal and external review process; these rules are applicable for non-grandfathered plans. Model notices can be found at the DOL's website as follows: Revised Model Notice of Adverse Benefit Determination, Model Notice of Final Internal Adverse Benefit Determination, Model Notice of External Review Decision		
Early Retiree Reinsurance Program (ERRP)	Sponsors participating in ERRP must provide a form notice to plan participants notifying them that, because the sponsor is participating in the ERRP with respect to the plan, the sponsor may use the reimbursements to reduce plan participants' premium contributions, copayments, deductibles, co-insurance, or other out-of-pocket costs, and therefore plan participants may experience such changes in the terms and conditions of their plan participation. An ERRP Model Notice may be found on the ERRP webpage.		
Annual Limit waiver	As a condition of receiving a waiver from the annual limit requirements under Health Care Reform, a group health plan must provide a notice to eligible participants. OCIIO guidance 2010-1B issued December 2010 provides a sample notice		

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Summary of Benefits and Coverages(SBC)	An SBC must be provided to health plan participants and beneficiaries. The SBC is a standalone document in addition to the summary plan description. Refer to ErisaALERT 2012-05 and ErisaALERT 2012-06 for more details regarding SBC requirements. Applies to any open enrollment period that starts on or after September 23, 2012 (the original effective date of March 23, 2012). For new hires or special enrollees as well as upon participant request, the effective date is the first day of the plan year beginning after September 23, 2012. A revised sample SBC "authorized for the second year of applicability" has been posted on the DOL website.		
Summary of Material Modification	If a group health plan or issuer makes any material modification in any of the terms or coverage involved that is not reflected in the most recent Summary of Benefits and Coverage, the plan or issuer must provide a notice of the modification to enrollees not later than 60 days before the modification becomes effective.		
Notice of Exchanges	The Affordable Care Act requires employers to notify employees of the existence of Exchanges as well as other information by October 1, 2013. (This requirement was originally required by March 1, 2013 and then postponed). In May, 2013, DOL issued Technical Release Notice 2013-02 with links to model notice and updated COBRA language for COBRA election notice.		

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What	**When**		
W-2 Reporting of aggregate cost of employer sponsored group health plan coverage	The Affordable Care Act required informational reporting of the aggregate cost of employer sponsored group health plan coverage beginning with 2012 W-2s issued in January 2013 The IRS provides new guidance in Notice 2012-9 which restates and supersedes previous guidance. See ErisaALERT 2012-01 for more information.		
Reporting			
Form 5500	Required for plans with 100 participants at the beginning of the plan year. The plan year is defined in the plan document and should not be confused with the policy year. The Form 5500 is due 7 months after the end of the plan year. An extension can be obtained by filing Form 5558 .		
Form 8928	Form 8928 must be filed by group health plans, plan sponsors or plan administrators who: • fail to provide the required level of pediatric vaccine • fail to comply with certain HIPAA requirements • fail to make comparable Archer medical savings account contributions • fail to make comparable HSA contributions Form 7004 must be filed to obtain the extension. This reporting requirement was effective January 1, 2010. More information regarding Form 8928 can be found at the IRS website.		

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PCORI or Comparative Effectiveness Research fee	The Affordable Care Act established the Patient-Centered Outcomes Research Institute funded by the Patient-Centered Outcomes Research Trust Fund. The Trust Fund is to be funded in part by fees to be paid by issuers of health insurance policies and sponsors of self-insured health plans. IRS Notice 2011-35 requests comments regarding how the fees to fund the institute should be calculated and paid, including several possible rules and safe harbors. Proposed regulations were issued in April, 2012. Form 720 - Quarterly Federal Excise Tax Return must be filed annually by the July 31 of the calendar year immediately following the last of policy/plan year. See ErisaALERT 2012-09 and ErisaALERT 2013-03.	Insurer in the case of insured plans Employer in the case of self-insured plans.	
ACA §6055 Minimum Essential Coverage Information Reporting	Enables the individual to prove and the IRS to verify the existence of individual coverage. The requirements delayed until 2015 with first report due in 2016. In March 2014, the IRS issued final regulations. See ErisaALERT 2014-04 and our compliance cue card.		
ACA §6056 Health Insurance Coverage Reporting by Applicable Large Employers (ALE)	Requires insurers, employers with self-insured plans and others to report health coverage information including the availability of minimum value health coverage. The requirements delayed until 2015 with first report due in 2016. In March 2014, the IRS issued final regulations. See ErisaALERT 2014-04 and our compliance cue card.		