Welfare Benefit Plan Reporting & Disclosure Calendar January 2025

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Reporting and Disclosure Requirements Introduced by the Patient Protection and Affordable Care Act (PPACA)	
TYPE OF DISCLOSURE	**Summary of Benefits and Coverage (SBC) —** 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: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/summary-of-benefits Public Health Service Act (PHSA) §2715, 26 CFR §54.9815-2715, 29 CFR §2590.715-2715 & 45 CFR §147.200
PLANS AFFECTED?	Group health plans and health insurance issuers
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement.
SENT BY?	Plan administrator or health insurer
DUE DATE	Generally, annually at open enrollment / reenrollment. Within 7 business days of request by participant or beneficiary.

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

TYPE OF DISCLOSURE	**Notice of "Grandfathered Plan" Status** — 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: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/grandfathered-healthplans 26 Code of Federal Regulations (CFR) § 54.9815-1251T(a)(2), 29 CFR §2590.715-1251(a)(2) & 45 CFR §147.140(a)(2)
PLANS AFFECTED?	Grandfathered group health plans
SENT TO/FILED WITH?	Sent to participants and to beneficiaries. No filing requirement. However, plans are advised to keep all materials from March 2010 – forward, as the DOL or others may request proof of grandfathered health plan status
SENT BY?	Plan administrator or health insurer
DUE DATE	At open enrollment, and at any other time during the year when a summary of benefits under the plan is provided.

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TYPE OF DISCLOSURE	**Notice of Choice of Providers —** 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: https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/patient-protection-model-notice.doc 26 CFR §54.9815-2719AT(a)(4), 29 CFR §2590.715-2719A(a)(4) & 45 CFR §147.138(a)(4)
PLANS AFFECTED?	Non-grandfathered group health plans that require designation of a primary care provider
SENT TO/FILED WITH?	Sent to participants and to beneficiaries. No filing requirement.
SENT BY?	Plan administrator or health insurer
DUE DATE	At any time the plan provides participant with SPD or other similar description of plan benefits.

TYPE OF DISCLOSURE	**Notice of Plan Changes** — 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)
PLANS AFFECTED?	Group health plans and health insurance issuers
SENT TO/FILED WITH?	Sent to enrollees. No filing requirement.
SENT BY?	Plan administrator, health insurer or plan sponsor
DUE DATE	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.

TYPE OF DISCLOSURE	**Notice of Rescission —** 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
PLANS AFFECTED?	Group health plans and health insurance issuers
SENT TO/FILED WITH?	Sent to affected participants and beneficiaries. No filing requirement.
SENT BY?	Plan administrator, health insurer or plan sponsor
DUE DATE	At least 30 days before rescinding coverage.

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Department of Health and Human Services (HHS) Reporting and Disclosure Requirements	
TYPE OF DISCLOSURE	**Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices** — 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
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to participants. No filing requirement.
SENT BY?	Plan administrator (self-funded plans) or health insurer (fully-insured plans)
DUE DATE	Initially upon enrollment. Within 60 days after a material change in practices. Reminder notice every 3 years. New regulations from April 2024, generally related to reproductive health care, will require an update by February 2026.

TYPE OF DISCLOSURE	**Breach Notification for Unsecured PHI under Health Information Technology for Economic and Clinical Health Act (HITECH)** — Must provide notice with respect to certain unauthorized acquisitions, access, use or disclosure of unsecured PHI. 45 CFR §164.400 - 164.414
PLANS AFFECTED?	Group health plans as well as other "covered entities" under HIPAA and their business associates
SENT TO/FILED WITH?	Sent to affected individuals. Filed with HHS and prominent media outlets in some cases.
SENT BY?	Plan administrator
DUE DATE	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.

TYPE OF DISCLOSURE	**Notice of Availability of Alternate Standard** — 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)
PLANS AFFECTED?	Health-contingent wellness programs.
SENT TO/FILED WITH?	Sent to participants and beneficiaries eligible to participate in health-contingent wellness program. No filing requirement.
SENT BY?	Plan administrator
DUE DATE	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.

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Medicare Reporting and Disclosure Requirements	
TYPE OF DISCLOSURE	**Medicare Part D Creditable Coverage Notice** — Must disclose the creditable coverage status of the plan to Medicare eligible individuals. Model notices available at: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Model-Notice-Letters.html 42 United States Code (USC) 1395w-113(b)(6) & 42 CFR §423.56
PLANS AFFECTED?	Group health plans sponsoring prescription drug plans.
SENT TO/FILED WITH?	Sent to all Medicare Part D eligible individuals enrolled in or seeking to enroll in employer's prescription drug coverage. No filing requirement.
SENT BY?	Plan sponsor
DUE DATE	Distribute: • Prior to the Medicare Part D Annual Coordinated Election Period – October 15th through December 7th of each year; • Prior to an individual's enrollment period for Part D; • Prior to the effective date of coverage for any Medicare eligible individual that joins the plan; • Whenever an employer no longer offers prescription drug coverage or the creditable coverage status changes; and • Upon a beneficiary's request.

TYPE OF DISCLOSURE	**Creditable Coverage Disclosure Notice to Centers for Medicare & Medicaid Services (CMS)** — Must file disclosure with CMS stating whether prescription drug coverage is creditable coverage. Filed at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html 42 USC 1395w-113(b)(6) & 42 CFR §423.56(e)
PLANS AFFECTED?	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.
SENT TO/FILED WITH?	No participant-reporting requirement. Filed with CMS through online form.
SENT BY?	Plan sponsor
DUE DATE	60 days after beginning of plan year, or within 30 days of termination of prescription drug plan or change in creditable status of plan.

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TYPE OF DISCLOSURE	**Application for Retiree Drug Subsidy (RDS) & Attestation of Actuarial Equivalence** — Must file application and attestation for purposes of receiving Retiree Drug Subsidy. Filed at: http://www.rds.cms.hhs.gov/ 42 USC 1395w-132 & 42 CFR § 423.884
PLANS AFFECTED?	Group health plans that provide retiree drug coverage and are applying for a Retiree Drug Subsidy.
SENT TO/FILED WITH?	No participant-reporting requirement. Filed with CMS through online Retiree Drug Subsidy System.
SENT BY?	Plan sponsor
DUE DATE	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.

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

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Department of Labor (DOL) Reporting and Disclosure Requirements	
TYPE OF DISCLOSURE	**Summary Plan Description (SPD)** — 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
PLANS AFFECTED?	All welfare benefit plans subject to Title I of ERISA.
SENT TO/FILED WITH?	Sent to participants. No filing requirement.
SENT BY?	Plan administrator
DUE DATE	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.

TYPE OF DISCLOSURE	**Summary of Material Modifications (SMM)** — 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
PLANS AFFECTED?	All welfare benefit plans subject to Title I of ERISA.
SENT TO/FILED WITH?	Sent to participants. No filing requirement.
SENT BY?	Plan administrator
DUE DATE	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.

TYPE OF DISCLOSURE	**Summary Annual Report** — 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
PLANS AFFECTED?	All welfare benefit plans subject to Title I of ERISA.
SENT TO/FILED WITH?	Sent to participants. No filing requirement.
SENT BY?	Plan administrator
DUE DATE	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.

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TYPE OF DISCLOSURE	**Plan Documents and Government Reporting Forms** — 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)
PLANS AFFECTED?	All welfare benefit plans subject to Title I of Employee Retirement Income Security Act (ERISA).
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement.
SENT BY?	Plan administrator
DUE DATE	Send within 30 days of written request. Make available for examination during normal working hours.

TYPE OF DISCLOSURE	**Summary of Material Reduction in Covered Services or Benefits** — Must provide summary description of modifications that reduce covered services or benefits under plan. ERISA §104(b) & 29 CFR §2520.104b-3(d)
PLANS AFFECTED?	All group health plans subject to Title I of ERISA.
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator
DUE DATE	Generally, within 60 days after adoption of modification. Earlier notification is usually recommended, as a practical matter

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

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

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

TYPE OF DISCLOSURE	**Form M-1 (Report for Multiple Employer Welfare Arrangements (MEWAs) and Certain Entities Claiming Exception (ECEs))** — Must report compliance with federal health legislation (including HIPAA and Mental Health Parity Act). File at: http://www.askebsa.dol.gov/mewa/ ERISA §101(g) & 29 CFR §2520.101-2
PLANS AFFECTED?	Multiple Employer Welfare Arrangements (MEWAs)
SENT TO/FILED WITH?	No participant-reporting requirement. Filed with Employee Benefits Security Administration (EBSA)
SENT BY?	MEWA administrator or plan sponsor
DUE DATE	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.

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TYPE OF DISCLOSURE	**Medical Child Support Order (MCSO) Notice** — 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
PLANS AFFECTED?	Group health plan.
SENT TO/FILED WITH?	Sent to participants, any child named in MCSO and his or her representative. No filing requirement.
SENT BY?	Plan administrator.
DUE DATE	Promptly notify regarding receipt of MCSO. Issue separate notice stating whether MCSO is qualified within a reasonable time after receipt of MCSO.

TYPE OF DISCLOSURE	**National Medical Support (NMS) Notice** — 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
PLANS AFFECTED?	Employer and group health plan.
SENT TO/FILED WITH?	Sent to participants, custodial parents, child named in NMS notice and his or her representative. Filed with State agencies.
SENT BY?	Plan administrator.
DUE DATE	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.

TYPE OF DISCLOSURE	**Notice Regarding Benefits Under Newborns' and Mothers' Health Protection Act (NMHPA).** — 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). More information available here: https://www.dol.gov/general/topic/health-plans/newborns ERISA §711(d) & DOL Reg. §2520.102-3(u)
PLANS AFFECTED?	Group health plans that provide maternity or newborn coverage.
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator or health insurer
DUE DATE	Distribute in accordance with SPD rules.

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Internal Revenue Service (IRS) Reporting and Disclosure Requirements	
TYPE OF DISCLOSURE	**Form 1094-C (Transmittal Form) and Form 1095-C (Employer-Provided Health Insurance Offer and Coverage Return)** — Use to provide information regarding offers of health coverage to employees and employee enrollment in health coverage. Form 1094-C is available here: https://www.irs.gov/pub/irs-pdf/f1094c.pdf and Form 1095-C is available here: https://www.irs.gov/pub/irs-pdf/f1095c.pdf
PLANS AFFECTED?	N/A - Employers subject to PPACA's employer shared responsibility provisions. Applies to employers that offer self-funded or fully-insured coverage.
SENT TO/FILED WITH?	Generally, prior to 2025, 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 (even after 2024). Alternative distribution available for some individuals (e.g., individuals who are no longer employees). Starting in 2025, employers not required to send Form 1095-C, unless employee requests a copy. However, to avoid this distribution requirement, employers must provide a "clear, conspicuous, and accessible notice" to employees informing them that they can request a copy of Form 1095-C.
SENT BY?	Employers subject to PPACA's employer shared responsibility provisions.
DUE DATE	Send 1095-C (but not 1094-C) to employees by March 2 of each year, unless new process (starting in 2025) is followed. File by February 28 if filing with paper forms (March 31 if filing electronically).

TYPE OF DISCLOSURE	**Form 1094-B (Transmittal Form) and Form 1095-B (Health Coverage Return)** — Use to provide information regarding minimum essential coverage. Due to elimination of individual mandate as of January 1, 2019, Form 1095-B is optional for enrollees (but is still required to be filed with the IRS). The IRS allows an option to not distribute Form 1095-B, but notice to enrollee must be provided (e.g., through health plan or sponsor's website). Form 1094-B available here: https://www.irs.gov/pub/irs-pdf/f1094b.pdf. Form 1095-B available here: https://www.irs.gov/pub/irs-pdf/f1095b.pdf IRC §4980H, IRC §6055, & IRC §6056
PLANS AFFECTED?	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.
SENT TO/FILED WITH?	Send 1095-B (but not 1094-B) to individuals or use website method to avoid sending to individuals (except upon request of individual). Filed with IRS.
SENT BY?	Generally, employers that sponsor self-funded employer coverage but are not subject to PPACA's employer shared responsibility provisions, and health insurers.
DUE DATE	Send to covered individuals by March 2 of each year. File by February 28 if filing with paper forms (March 31 if filing electronically).

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TYPE OF DISCLOSURE	**Form W-2 (Wage and Tax Statement)** — 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)
PLANS AFFECTED?	Welfare benefit plans and employers.
SENT TO/FILED WITH?	Sent to participants. Filed with Social Security Administration.
SENT BY?	Employer
DUE DATE	Send to participants by January 31 of each year. File by February 28 if filing with paper forms (March 31 if filing electronically).

TYPE OF DISCLOSURE	**Form 990 & Form 990EZ (Annual Return of Organization Exempt from Income Tax)** — 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: http://apps.irs.gov/app/picklist/list/formsPublications.html IRC §501(c)
PLANS AFFECTED?	Tax-exempt organizations (e.g., 501(c)(9) VEBA trusts)
SENT TO/FILED WITH?	Sent to participants on written request. Filed with IRS.
SENT BY?	Plan administrator
DUE DATE	Within 4-1/2 months after end of plan year unless extension is received by filing Form 8868 before due date.

TYPE OF DISCLOSURE	**Form 8928 (Return of Certain Excise Taxes Under Chapter 43 of IRC)** — 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: http://apps.irs.gov/app/picklist/list/formsPublications.html IRC §§4980B & 4980D
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	No participant-reporting requirement. Filed with IRS.
SENT BY?	Plan administrator
DUE DATE	File on or before due date for federal income tax return unless extension is received by filing Form 7004 before due date.

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

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

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

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Joint DOL/IRS Reporting and Disclosure Requirements	
TYPE OF DISCLOSURE	**Form 5500 Series (Annual Return/Report of Employee Benefit Plan) and applicable Schedules —** 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: http://www.efast.dol.gov/welcome.html ERISA §§103-104, 29 CFR §2520.103-1
PLANS AFFECTED?	All welfare benefit plans subject to Title I of ERISA. Exceptions for certain plans are found in the Form 5500 instructions. Available at https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500
SENT TO/FILED WITH?	Sent to participants and beneficiaries on written request. Filed electronically with DOL.
SENT BY?	Plan administrator
DUE DATE	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.

TYPE OF DISCLOSURE	**Initial Notice of Continuation of Health Coverage under Consolidated Omnibus Budget Reconciliation Act (COBRA) —** Must provide general notice regarding COBRA continuation coverage rights. Model notice available at: https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/cobra/model-general-notice.docx ERISA §606(a)(1), IRC §4980B(f)(6)
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to covered employees and covered spouses. No filing requirement.
SENT BY?	Plan administrator
DUE DATE	Within 90 days after the date on which employee or spouse commences coverage.

TYPE OF DISCLOSURE	**COBRA Election Notice** — Must provide notice of right to elect COBRA coverage upon occurrence of qualifying event. Model notice available at: https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/cobra/model-election-notice.docx ERISA § 606(a)(4), IRC § 49808(f)(6)
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to covered participants and qualified beneficiaries. No filing requirement.
SENT BY?	Plan administrator
DUE DATE	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.

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TYPE OF DISCLOSURE	**Wellness Notice** -- 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. Area is in "flux" due to various lawsuits and a lack of additional regulations
PLANS AFFECTED?	Generally, wellness programs which collect medical information.
SENT TO/FILED WITH?	Sent to employees. No filing requirement.
SENT BY?	Distribution requirements somewhat unclear -- likely an annual notice, provided in advance of collection of medical information.
DUE DATE	See above.

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

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

TYPE OF DISCLOSURE	**Notice of Early Termination of Continuation Coverage under COBRA** — 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)
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to qualified beneficiary whose COBRA coverage will terminate early. No filing requirement.
SENT BY?	Plan administrator
DUE DATE	As soon as practicable following plan administrator's determination that COBRA coverage will terminate early.

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TYPE OF DISCLOSURE	**Notice of Insufficient Payment of COBRA Premium** — 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
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to affected qualified beneficiaries. No filing requirement
SENT BY?	Plan administrator
DUE DATE	Plan must provide reasonable period to cure deficiency before terminating COBRA. A 30-day grace period will be considered reasonable.

TYPE OF DISCLOSURE	**Notice of Special Enrollment Rights** — 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). ERISA §701(f) & IRC §9801(f)
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to employees eligible to enroll in group plan. No filing requirement.
SENT BY?	Plan administrator or health insurer
DUE DATE	At or before the time the employee is initially offered the opportunity to enroll in plan.

TYPE OF DISCLOSURE	**Michelle's Law Notice** — Must provide notice of extended coverage for post-secondary education students on medical leave. ***NOTE***: 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
PLANS AFFECTED?	Group health plans that require certification of student status for coverage under plan.
SENT TO/FILED WITH?	Sent to participants. No filing requirement.
SENT BY?	Plan administrator or health insurer.
DUE DATE	Include notice in description of applicable eligibility requirement or certification.

Although these may not be stand-alone "notices", per se, plan sponsors should remember the following:

1. Special disclosures relate to "surprise billing". See here: https://www.cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets

2. Plan sponsors generally must have a plan document and summary plan description ("SPD").

3. Plan sponsors of self-funded group health plans must, in general, be able to provide a "comparative analysis" of the nonquantitative treatment limitations ("NQTLs") which apply to their plan. This is a requirement under the Mental Health Parity and Addiction Equity Act ("MHPAEA").

4. USERRA (a military leave law) also has some required disclosure provisions.