

Benefits Notices: Employers With 1-19 Employees

For companies with **1-19 employees**, this chart provides an overview of key required benefits notices and filings for employers and plan administrators under federal law. Please note that your company may be exempt from certain requirements and/or subject to additional obligations under your state's laws. Employers are encouraged to contact the [U.S. Department of Labor](https://www.dhs.gov/e-verify/) or a knowledgeable employment law attorney for further guidance.

Employee Retirement Income Security Act (ERISA) Notices

Notice	Provide To	When Due
Summary Plan Description (SPD) <i>(Model notice unavailable)</i>	Group health plan participants	<p>Within 90 days after the employee becomes a participant in the plan</p> <p>An updated SPD must be furnished every 5 years if changes are made to SPD information or the plan is amended (otherwise, it must be furnished every 10 years)</p>
Summary of Material Modifications (SMM) and Summary of Material Reduction in Covered Services or Benefits <i>(Click on the SMM link above for model notices)</i>	Group health plan participants	<p>No later than 210 days after the end of the plan year in which the change is adopted, for material changes to the plan that do not result in a material reduction in covered services or benefits</p> <p>Within 60 days of adoption of a material reduction in covered services or benefits (alternatively, notice may be provided with plan information that is furnished at regular intervals of not more than 90 days, if certain conditions are met)</p> <p><u>Note:</u> Timely distribution of a "Notice of Modification" (below) may satisfy these requirements.</p>
Plan Documents (e.g., SPD, any SMMs, and other documents under which the plan is established or operated) <i>(Model notice unavailable—plan documents are specific to each plan)</i>	Group health plan participants & beneficiaries	<p>Copies must be furnished within 30 days of a written request, and the plan administrator must make copies available for examination at its principal office (the DOL can also request any documents relating to the plan)</p>

Health Care Reform Notices

Notice	Provide To	When Due
<p>2016 Forms 1094-B (<i>Transmittal</i>) and 1095-B (<i>Health Coverage</i>)</p> <p><i>(Click on the links above for the forms)</i></p> <p>Note: For self-insured employers only.</p>	<p>Responsible individuals enrolled in self-insured coverage (may be the primary insured, employee, former employee, or other related person named on the application)</p>	<p>Form 1095-B must be furnished to covered individuals by March 2, 2017</p> <p>Forms 1094-B and 1095-B must be filed with the IRS by February 28, 2017 (or March 31, 2017, if filing electronically)</p>
<p>Health Insurance Exchange Notice</p> <p><i>(There is one model notice for employers who offer a health plan to some or all employees, and another model notice for employers who do not offer a plan—click on the link above to access)</i></p>	<p>All new employees</p>	<p>Within 14 days of an employee's start date</p> <p>Must be provided at specified times during the enrollment process and upon a participant or beneficiary's request, generally as follows:</p>
<p>Summary of Benefits and Coverage (SBC) & Uniform Glossary</p> <p><i>(Click on the link above for a list of all available templates and related documents)</i></p>	<p>Group health plan participants & beneficiaries</p>	<ul style="list-style-type: none"> • Prior to initial enrollment in the plan; • Upon renewal of plan coverage; • Within 90 days of special enrollment; and • Within 7 business days following receipt of a request <p>(The SBC may be provided together with other summary materials such as an SPD, if the SBC information is intact, prominently displayed at the beginning of the materials, and in accordance with the timing requirements for providing an SBC.)</p>
<p>Notice of Modification</p> <p><i>(Model notice unavailable)</i></p>	<p>Group health plan participants & beneficiaries</p>	<p>No later than 60 days prior to the effective date of a material plan or coverage change that would affect the content of the SBC and that occurs other than in connection with a renewal or reissuance of coverage</p> <p>Note: A complete & timely notice may also satisfy the requirement to provide an SMM.</p>

[Disclosure of Grandfathered Status](#)

(Click on the link above for model notice)

Group health plan participants & beneficiaries

In any plan materials for a grandfathered group health plan provided to a participant or beneficiary describing the benefits provided under the plan

[Notice of Patient Protections](#)

(Click on the link above for model notice)

Group health plan participants

Whenever a participant in a non-grandfathered group health plan requiring or providing for the designation of a participating primary care provider is furnished an SPD or other similar description of plan benefits

[Patient-Centered Outcomes Research Institute \(PCORI\) Fees](#)

Filed with the Internal Revenue Service

IRS [Form 720](#) must be filed annually by plan sponsors of certain [self-insured health plans](#), no later than July 31st of the calendar year immediately following the last day of the plan year to which a fee applies

Health Insurance Portability and Accountability Act (HIPAA) Notices

Notice	Provide To	When Due
<p>Notice of Special Enrollment Rights</p> <p><i>(Click on the link above and scroll to page 2 of the PDF—marked as page 138)</i></p>	<p>Employees eligible to enroll in the employer's group health plan</p>	<p>At or before the time an employee is initially offered the opportunity to enroll in the plan</p>
<p>Wellness Program Disclosure</p> <p><i>(Click on the link above and scroll to page 3 of the PDF—marked as page 139)</i></p>	<p>Group health plan participants & beneficiaries eligible to participate in a health-contingent wellness program</p>	<p>In all plan materials that describe the terms of a health contingent wellness program (both activity-only and outcome-based wellness programs). For outcome-based wellness programs, this notice must also be included in any disclosure of an individual's failure to satisfy an initial outcome-based standard.</p> <p>If the plan materials merely mention that a program is available, without describing its terms, this disclosure is not required.</p>
<p>Notice of Privacy Practices</p> <p><i>(Click on the link above to download model)</i></p>	<p>Individuals enrolled in the plan</p>	<p>Fully insured group plans that create or receive PHI in addition to summary health information and enrollment information must maintain a notice and provide it to any person upon request. Other health plans must provide the notice as follows:</p>

notices in 4 different formats)

Note: Fully insured group health plans that do not create or receive protected health information (PHI)—other than summary health and enrollment information—are not required to develop this notice.

To new enrollees: At the time of enrollment

To individuals covered by the plan: Within 60 days of a material revision to the policy (special rules apply for website notice postings)

A health plan also must notify individuals covered by the plan of the availability of, and how to obtain, the notice at least once every 3 years, and make it available to any person who asks for it.

Special Health Care Notices

Notice	Provide To	When Due
<p>Women's Health & Cancer Rights Act (WHCRA) Notices</p> <p><i>(Click on the link above and scroll to pages 5 and 6 of the PDF—marked as pages 141-142)</i></p>	Group health plan participants & beneficiaries	Upon enrollment in a plan that provides coverage for medical and surgical benefits related to a mastectomy, and annually thereafter
<p>Mental Health Parity & Addiction Equity Act (MHPAEA) Disclosure</p> <p><i>(Model notice unavailable)</i></p>	Any current or potential group health plan participant, beneficiary, or contract provider	Upon request for a plan offering medical/surgical benefits and mental health or substance use disorder benefits Note: Certain plans that are exempt from the MHPAEA requirements based on increased cost may be subject to alternative disclosure rules .
<p>Employer Children's Health Insurance Program (CHIP) Notice</p> <p><i>(Click on the link above for model notice)</i></p>	All employees in states with group health plan premium assistance	Annually before the start of each plan year (may be provided with enrollment packets, open season materials, or the SPD)
<p>Michelle's Law Notice</p> <p><i>(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)</i></p>	Group health plan participants	With any notice regarding a student status certification requirement under a plan that bases coverage eligibility on student status (and that provides dependent coverage beyond age 26)

[Newborns' and Mothers' Health Protection Act Notice](#)

(Click on the link above and scroll to page 4 of the PDF—marked as page 140)

Group health plan participants

Must be included in the [SPD](#) for a plan providing maternity or newborn infant coverage

[Medicare Part D Creditable Coverage Disclosure Notice](#) or [Non-Creditable Coverage Disclosure Notice](#)

(Click on the links above for model notices)

[Medicare-eligible individuals](#) (including certain dependents) who are offered prescription drug coverage under the employer's group health plan

Annually prior to October 15th, upon request, and at various [other times](#) as required under the law

An [online disclosure](#) to the Centers for Medicare & Medicaid Services (CMS) is also required annually, no later than 60 days from the beginning of a plan year, and at certain [other times](#)

[Genetic Information Nondiscrimination Act \(GINA\) Disclosures](#)

(The link above contains model "warning" language from the federal government as well as a sample general disclosure, which may be used for general reference purposes only.)

Entities from whom requests for health-related information are made—only applicable to requests by employers with 15 or more employees

Whenever an applicant or employee is sent for a medical examination by an employer with 15 or more employees

An additional "warning" is required when requests for health-related information are made by employers with 15 or more employees (e.g., to support an employee's request for reasonable accommodation or a request for sick leave), but only if the request for medical documentation is made in a way that is likely to result in receipt of genetic information

[ADA Notice Regarding Wellness Program](#)

(Click on the link above for sample notice)

All employees offered participation in a wellness program that collects employee health information—only applicable to employers with 15 or more employees

Must be provided before the employee provides any health information, with enough time for the employee to decide whether to participate in the program

[ACA Section 1557 Nondiscrimination Notice & Taglines](#)

(Click on the link above for sample notices and taglines in a variety of languages)

Beneficiaries, enrollees, applicants, and members of the public that participate (or may participate) in certain health programs or activities that receive federal financial assistance

Notices of nondiscrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services are generally required to be posted in: (1) significant publications and communications targeted to beneficiaries, enrollees, applicants, and members of the public; (2) conspicuous physical locations where an entity interacts with the public; and (3) a

conspicuous location on the entity's website, accessible from the homepage of the site.

Note: The content requirements are modified for small-sized significant communications (such as postcards).

[Uniformed Services
Employment and
Reemployment Rights
Act \(USERRA\) Notice](#)

All employees

May be posted where employers customarily place notices for employees

*(Click on the link above
for model notice)*

[Qualified Small Employer
HRA \(QSEHRA\) Notice](#)

Eligible employees of employers that had **fewer than 50 full-time employees** in the preceding calendar year, that **do not offer a group health plan**, and that fund a qualified small employer HRA

Generally **no later than 90 days** before the beginning of the year in which the qualified small employer HRA is funded—or, if an employee is not eligible to participate as of the beginning of that year, the date on which the employee is first eligible.

*(Model notice
unavailable)*

Note: Transition relief for providing the initial QSEHRA notice is [available](#) for years beginning in 2017, until further guidance is issued.

Benefits Notices: Employers With 20-49 Employees

For companies with **20-49 employees**, this chart provides an overview of key required benefits notices and filings for employers and plan administrators under federal law. Please note that your company may be exempt from certain requirements and/or subject to additional obligations under your state's laws. Employers are encouraged to contact the [U.S. Department of Labor](https://www.dol.gov) or a knowledgeable employment law attorney for further guidance.

Employee Retirement Income Security Act (ERISA) Notices

Notice	Provide To	When Due
Summary Plan Description (SPD) <i>(Model notice unavailable)</i>	Group health plan participants	<p>Within 90 days after the employee becomes a participant in the plan</p> <p>An updated SPD must be furnished every 5 years if changes are made to SPD information or the plan is amended (otherwise, it must be furnished every 10 years)</p>
Summary of Material Modifications (SMM) and Summary of Material Reduction in Covered Services or Benefits <i>(Click on the SMM link above for model notices)</i>	Group health plan participants	<p>No later than 210 days after the end of the plan year in which the change is adopted, for material changes to the plan that do not result in a material reduction in covered services or benefits</p> <p>Within 60 days of adoption of a material reduction in covered services or benefits (alternatively, notice may be provided with plan information that is furnished at regular intervals of not more than 90 days, if certain conditions are met)</p> <p><u>Note:</u> Timely distribution of a "Notice of Modification" (below) may satisfy these requirements.</p>
Plan Documents (e.g., SPD, any SMMs, and other documents under which the plan is established or operated) <i>(Model notice unavailable—plan documents are specific to each plan)</i>	Group health plan participants & beneficiaries	<p>Copies must be furnished within 30 days of a written request, and the plan administrator must make copies available for examination at its principal office (the DOL can also request any documents relating to the plan)</p>

Health Care Reform Notices

Notice	Provide To	When Due
<p>2016 Forms 1094-B (<i>Transmittal</i>) and 1095-B (<i>Health Coverage</i>)</p> <p><i>(Click on the links above for the forms)</i></p> <p>Note: For self-insured employers only.</p>	<p>Responsible individuals enrolled in self-insured coverage (may be the primary insured, employee, former employee, or other related person named on the application)</p>	<p>Form 1095-B must be furnished to covered individuals by March 2, 2017</p> <p>Forms 1094-B and 1095-B must be filed with the IRS by February 28, 2017 (or March 31, 2017, if filing electronically)</p>
<p>Health Insurance Exchange Notice</p> <p><i>(There is one model notice for employers who offer a health plan to some or all employees, and another model notice for employers who do not offer a plan—click on the link above to access)</i></p>	<p>All new employees</p>	<p>Within 14 days of an employee's start date</p> <p>Must be provided at specified times during the enrollment process and upon a participant or beneficiary's request, generally as follows:</p>
<p>Summary of Benefits and Coverage (SBC) & Uniform Glossary</p> <p><i>(Click on the link above for a list of all available templates and related documents)</i></p>	<p>Group health plan participants & beneficiaries</p>	<ul style="list-style-type: none"> • Prior to initial enrollment in the plan; • Upon renewal of plan coverage; • Within 90 days of special enrollment; and • Within 7 business days following receipt of a request <p>(The SBC may be provided together with other summary materials such as an SPD, if the SBC information is intact and prominently displayed at the beginning of the materials and in accordance with the timing requirements for providing an SBC.)</p>
<p>Notice of Modification</p> <p><i>(Model notice unavailable)</i></p>	<p>Group health plan participants & beneficiaries</p>	<p>No later than 60 days prior to the effective date of a material plan or coverage change that would affect the content of the SBC and that occurs other than in connection with a renewal or reissuance of coverage</p> <p>Note: A complete & timely notice may also satisfy the requirement to provide an SMM.</p>

<p>Disclosure of Grandfather Status</p> <p><i>(Click on the link above for model notice)</i></p>	<p>Group health plan participants & beneficiaries</p>	<p>In any plan materials for a grandfathered group health plan provided to a participant or beneficiary describing the benefits provided under the plan</p>
<p>Notice of Patient Protections</p> <p><i>(Click on the link above for model notice)</i></p>	<p>Group health plan participants</p>	<p>Whenever a participant in a non-grandfathered group health plan that requires or provides for the designation of a participating primary care provider is furnished an SPD or other similar description of benefits under the plan</p>
<p>Patient-Centered Outcomes Research Institute (PCORI) Fees</p>	<p>Filed with the Internal Revenue Service</p>	<p>IRS Form 720 must be filed annually by plan sponsors of certain self-insured health plans, no later than July 31st of the calendar year immediately following the last day of the plan year to which a fee applies</p>

Health Insurance Portability and Accountability Act (HIPAA) Notices

Notice	Provide To	When Due
<p>Notice of Special Enrollment Rights</p> <p><i>(Click on the link above and scroll to page 2 of the PDF—marked as page 138)</i></p>	<p>Employees eligible to enroll in the employer's group health plan</p>	<p>At or before the time an employee is initially offered the opportunity to enroll in the plan</p>
<p>Wellness Program Disclosure</p> <p><i>(Click on the link above and scroll to page 3 of the PDF—marked as page 139)</i></p>	<p>Group health plan participants & beneficiaries eligible to participate in a health-contingent wellness program</p>	<p>In all plan materials that describe the terms of a health contingent wellness program (both activity-only and outcome-based wellness programs). For outcome-based wellness programs, this notice must also be included in any disclosure that an individual did not satisfy an initial outcome-based standard.</p>
<p>Notice of Privacy Practices</p> <p><i>(Click on the link above to download model)</i></p>	<p>Individuals enrolled in the plan</p>	<p>If the plan materials merely mention that a program is available, without describing its terms, this disclosure is not required.</p> <p>Fully insured group plans that create or receive PHI in addition to summary health information and enrollment information must maintain a notice and provide it to any person upon request. Other health plans must provide the notice as follows:</p>

notices in 4 different formats)

Note: Fully insured group health plans that do not create or receive protected health information (PHI)—other than summary health and enrollment information—are not required to develop this notice.

To new enrollees: At the time of enrollment

To individuals covered by the plan: Within 60 days of a material revision to the policy (special rules apply for website notice postings)

A health plan also must notify individuals covered by the plan of the availability of, and how to obtain, the notice at least once every 3 years, and make it available to any person who asks for it.

Special Health Care Notices

Notice	Provide To	When Due
<p>Women's Health & Cancer Rights Act (WHCRA) Notices</p> <p><i>(Click on the link above and scroll to pages 5 and 6 of the PDF—marked as pages 141-142)</i></p>	Group health plan participants & beneficiaries	Upon enrollment in a plan that provides coverage for medical and surgical benefits related to a mastectomy, and annually thereafter
<p>Mental Health Parity & Addiction Equity Act (MHPAEA) Disclosure</p> <p><i>(Model notice unavailable)</i></p>	Any current or potential group health plan participant, beneficiary, or contract provider	Upon request for a plan offering medical/surgical benefits and mental health or substance use disorder benefits Note: Certain plans that are exempt from the requirements under the MHPAEA based on increased cost may be subject to alternative disclosure rules .
<p>Employer Children's Health Insurance Program (CHIP) Notice</p> <p><i>(Click on the link above for model notice)</i></p>	All employees in states with group health plan premium assistance	Annually before the start of each plan year (may be provided with enrollment packets, open season materials, or the SPD).
<p>Michelle's Law Notice</p> <p><i>(No model notice provided by the federal government. Sample notice available by clicking on the link above)</i></p>	Group health plan participants	With any notice regarding a requirement for certification of student status under a plan that bases eligibility for coverage on student status (and that provides dependent coverage beyond age 26)

for general reference purposes only.)

[Newborns' and Mothers' Health Protection Act Notice](#)

(Click on the link above and scroll to page 4 of the PDF—marked as page 140)

Group health plan participants

Must be included in the [SPD](#) for a plan providing maternity or newborn infant coverage

Medicare Part D
[Creditable Coverage Disclosure Notice](#) or [Non-Creditable Coverage Disclosure Notice](#)

(Click on the links above for model notices. Word versions unavailable.)

[Medicare-eligible individuals](#) (including certain dependents) who are offered prescription drug coverage under the employer's group health plan

Annually prior to October 15th, upon request, and at various [other times](#) as required under the law

An [online disclosure](#) to the Centers for Medicare & Medicaid Services (CMS) is also required annually, no later than 60 days from the beginning of a plan year, and at certain [other times](#)

[Genetic Information Nondiscrimination Act \(GINA\) Disclosures](#)

(The link above contains model "warning" language from the federal government as well as a sample general disclosure, which may be used for general reference purposes only.)

Entities from whom requests for health-related information are made

Whenever an applicant or employee is sent for a medical examination by an employer with 15 or more employees

An additional "warning" is required when requests for health-related information are made by employers with 15 or more employees (e.g., to support an employee's request for reasonable accommodation or a request for sick leave), but only if the request for medical documentation is made in a way that is likely to result in receipt of genetic information

[ADA Notice Regarding Wellness Program](#)

(Click on the link above for sample notice)

All employees offered participation in a wellness program that collects employee health information

Must be provided before the employee provides any health information, with enough time for the employee to decide whether to participate in the program

[ACA Section 1557 Nondiscrimination Notice & Taglines](#)

(Click on the link above for sample notices and

Beneficiaries, enrollees, applicants, and members of the public that participate (or may participate) in certain health programs or activities that receive

Notices of nondiscrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services are generally required to be posted in: (1) Significant publications and communications targeted to beneficiaries, enrollees, applicants, and members of the public; (2) Conspicuous physical locations where

taglines in a variety of languages)

federal financial assistance

an entity interacts with the public; and (3) A conspicuous location on the entity's Website, accessible from the homepage of such site.

Note: The content requirements are modified for small-sized significant communications (such as postcards)

[Uniformed Services Employment and Reemployment Rights Act \(USERRA\) Notice](#)

All employees

May be posted where employers customarily place notices for employees

(Click on the link above for model notice)

[Qualified Small Employer HRA \(QSEHRA\) Notice](#)

Eligible employees of employers with **fewer than 50 full-time employees** in the preceding calendar year that **do not offer a group health plan** and that fund a qualified small employer HRA

Generally **no later than 90 days** before the beginning of the year in which the qualified small employer HRA is funded—or, if an employee is not eligible to participate as of the beginning of such year, the date on which the employee is first eligible.

(Model notice unavailable)

Note: Transition relief for providing the initial QSEHRA notice is [available](#) for years beginning in 2017, until further guidance is issued.

Consolidated Omnibus Budget Reconciliation Act (COBRA)* Notices

Notice	Provide To	When Due
<p>General Notice of COBRA Rights</p> <p><i>(Click on the link above for model notice)</i></p>	Covered employees & their spouses	<p>Within the first 90 days of coverage</p> <p><u>Note:</u> This requirement can be satisfied by including the general notice in a plan's SPD and giving the SPD to the employee and spouse within the first 90 days of coverage.</p>
<p>Notice of COBRA Qualifying Event</p> <p><i>(Model notice unavailable)</i></p>	Plan administrator	<p>The employer must provide notice within 30 days of the occurrence of a qualifying event that is the covered employee's death, termination of employment (other than for gross misconduct), reduction in hours, or entitlement to Medicare</p> <p><u>Note:</u> The employee or one of the qualified beneficiaries is responsible for notifying the plan if the qualifying event is divorce, legal separation, or loss of dependent status under the plan (the employee or qualified beneficiary has at least 60 days from the date of the event to give notice).</p>
<p>COBRA Election Notice</p>	Covered employees, spouses, & dependent	Generally within 14 days after receiving notice of a

(Click on the link above for model notice)

children who are [qualified beneficiaries](#) qualifying event

Note: If the employer is also the plan administrator, the notice must be provided not later than 44 days after the date the qualifying event occurred or the date of loss of coverage due to the qualifying event (if the plan provides that COBRA coverage starts on the date of loss of coverage).

[Notice of Unavailability of COBRA Coverage](#)

(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)

Individuals who have submitted a Notice of Qualifying Event who are determined ineligible for COBRA

Generally within 14 days after receiving notice of a qualifying event, unless the employer is also the plan administrator (see above note)

[Notice of Underpayment of COBRA Premium](#)

(Model notice unavailable)

Qualified beneficiary who makes timely payment in an amount not significantly less than the amount due for a period of COBRA coverage

A plan must provide notice and grant a reasonable period of time (no less than 30 days) for payment of a deficiency, where the incorrect amount is not significantly less than the amount due, before taking action to terminate coverage.

[Notice of Early Termination of COBRA Coverage](#)

(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)

Qualified beneficiaries whose COBRA coverage will terminate earlier than the maximum period of coverage

As soon as practicable following the plan administrator's determination that COBRA coverage will terminate

*Under [COBRA](#), this includes **both** full- and part-time employees. Each part-time employee counts as a fraction of a full-time employee, with the fraction equal to the number of hours the part-time employee worked divided by the hours an employee must work to be considered full time. Companies that are part of a controlled group or which have common ownership interests should contact the U.S. Department of Labor or a knowledgeable attorney for issues related to headcount.

Benefits Notices: Employers With 50+ Employees

For companies with **50+ employees**, this chart provides an overview of key required benefits notices and filings for employers and plan administrators under federal law. Please note that your company may be exempt from certain requirements and/or subject to additional obligations under your state's laws. Employers are encouraged to contact the [U.S. Department of Labor](https://www.dol.gov) or a knowledgeable employment law attorney for further guidance.

Employee Retirement Income Security Act (ERISA) Notices

Notice	Provide To	When Due
Summary Plan Description (SPD) <i>(Model notice unavailable)</i>	Group health plan participants	<p>Within 90 days after the employee becomes a participant in the plan</p> <p>An updated SPD must be furnished every 5 years if changes are made to SPD information or the plan is amended (otherwise, it must be furnished every 10 years)</p>
Summary of Material Modifications (SMM) and Summary of Material Reduction in Covered Services or Benefits <i>(Click on the SMM link above for model notices)</i>	Group health plan participants	<p>No later than 210 days after the end of the plan year in which the change is adopted, for material changes to the plan that do not result in a material reduction in covered services or benefits</p> <p>Within 60 days of adoption of a material reduction in covered services or benefits (alternatively, notice may be provided with plan information that is furnished at regular intervals of not more than 90 days, if certain conditions are met)</p> <p><u>Note:</u> Timely distribution of a "Notice of Modification" (below) may satisfy these requirements.</p>
Plan Documents (e.g., SPD, any SMMs, and other documents under which the plan is established or operated) <i>(Model notice unavailable—plan documents are specific to each plan)</i>	Group health plan participants & beneficiaries	<p>Copies must be furnished within 30 days of a written request, and the plan administrator must make copies available for examination at its principal office (the DOL can also request any documents relating to the plan)</p>

Health Care Reform Notices

Notice	Provide To	When Due
<p>2016 Forms 1094-C (Transmittal) and 1095-C (Employer-Provided Health Insurance Offer and Coverage)</p> <p><i>(Click on the links above for the forms)</i></p>	<p>For applicable large employers (ALEs) with fully-insured plans: Each employee who was a full-time employee for any month of the calendar year (and who was not in a limited non-assessment period)</p> <p>For ALEs with self-insured plans: Any employee who enrolls in the health coverage, whether or not the employee is a full-time employee for any month of the calendar year</p>	<p>Form 1095-C must be furnished to covered individuals/full-time employees by March 2, 2017</p> <p>Forms 1094-C <u>and</u> 1095-C must be filed with the IRS by February 28, 2017 (or March 31, 2017, if filing electronically)</p>
<p>2016 Forms 1094-B (Transmittal) and 1095-B (Health Coverage)</p> <p><i>(Click on the links above for the forms)</i></p>	<p>Responsible individuals enrolled in self-insured coverage (may be the primary insured, employee, former employee, or other related person named on the application)</p>	<p>Form 1095-B must be furnished to responsible individuals by March 2, 2017</p> <p>Forms 1094-B <u>and</u> 1095-B must be filed with the IRS by February 28, 2017 (or March 31, 2017, if filing electronically)</p>
<p>Note: For self-insured ALEs only—such ALEs providing coverage to non-employees may use either the B series Forms or the C series Forms to report coverage for those individuals and other family members covered under the plan.</p>	<p>All new employees</p>	<p>Within 14 days of an employee's start date</p>
<p>Health Insurance Exchange Notice</p>		
<p><i>(There is one model notice for employers who offer a health plan to some or all employees, and another model notice for employers who do not</i></p>		

offer a plan—click on the link above to access)

[Summary of Benefits and Coverage \(SBC\) & Uniform Glossary](#)

(Click on the link above for a list of all available templates and related documents)

Group health plan participants & beneficiaries

Must be provided at specified times during the enrollment process and upon a participant or beneficiary's request, generally as follows:

- **Prior to initial enrollment** in the plan;
- Upon **renewal** of plan coverage;
- **Within 90 days** of special enrollment; and
- **Within 7 business days** following receipt of a request

(The SBC may be provided together with other summary materials such as an SPD, if the SBC information is intact, prominently displayed at the beginning of the materials, and in accordance with the timing requirements for providing an SBC.)

[Notice of Modification](#)

(Model notice unavailable)

Group health plan participants & beneficiaries

No later than 60 days prior to the effective date of a material plan or coverage change that would affect the content of the SBC and that occurs other than in connection with a renewal or reissuance of coverage

Note: A complete & timely notice may also satisfy the requirement to provide an SMM.

[Disclosure of Grandfathered Status](#)

(Click on the link above for model notice)

Group health plan participants & beneficiaries

In any plan materials for a grandfathered group health plan, provided to a participant or beneficiary, describing the benefits provided under the plan

[Notice of Patient Protections](#)

(Click on the link above for model notice)

Group health plan participants

Whenever a participant in a non-grandfathered group health plan requiring or providing for the designation of a participating primary care provider is furnished an SPD or other similar description of plan benefits

[Patient-Centered Outcomes Research Institute \(PCORI\) Fees](#)

Filed with the Internal Revenue Service

IRS [Form 720](#) must be filed annually by plan sponsors of certain [self-insured health plans](#), no later than July 31st of the calendar year immediately following the last day of the plan year to which a fee applies

Health Insurance Portability and Accountability Act (HIPAA) Notices

Notice**Provide To****When Due**[Notice of Special Enrollment Rights](#)

(Click on the link above and scroll to page 2 of the PDF—marked as page 138)

Employees eligible to enroll in the employer's group health plan

At or before the time an employee is initially offered the opportunity to enroll in the plan

[Wellness Program Disclosure](#)

(Click on the link above and scroll to page 3 of the PDF—marked as page 139)

Group health plan participants & beneficiaries eligible to participate in a [health-contingent wellness program](#)

In all plan materials that describe the terms of a health contingent wellness program (both activity-only and outcome-based wellness programs). For outcome-based wellness programs, this notice must also be included in any disclosure of an individual's failure to satisfy an initial outcome-based standard.

If the plan materials merely mention that a program is available, without describing its terms, this disclosure is not required.

[Notice of Privacy Practices](#)

(Click on the link above to download model notices in 4 different formats)

Note: Fully insured group health plans that do not create or receive protected health information (PHI)—other than summary health and enrollment information—are not required to develop this notice.

Individuals enrolled in the plan

Fully insured group plans that create or receive PHI in addition to summary health information and enrollment information must maintain a notice and provide it to any person upon request. Other health plans must provide the notice as follows:

To new enrollees: At the time of enrollment

To individuals covered by the plan: Within 60 days of a material revision to the policy (special rules apply for website notice postings)

A health plan also must notify individuals covered by the plan of the availability of, and how to obtain, the notice at least once every 3 years, and make it available to any person who asks for it.

Special Health Care Notices

Notice**Provide To****When Due**[Women's Health & Cancer Rights Act \(WHCRA\) Notices](#)

(Click on the link above and scroll to pages 5 and

Group health plan participants & beneficiaries

Upon enrollment in a plan that provides coverage for medical and surgical benefits related to a mastectomy, and annually thereafter

6 of the PDF—marked as pages 141-142)

[Mental Health Parity & Addiction Equity Act \(MHPAEA\) Disclosure](#)

(Model notice unavailable)

Any current or potential group health plan participant, beneficiary, or contract provider

Upon request for a plan offering medical/surgical benefits and mental health or substance use disorder benefits

Note: Certain plans that are [exempt from the MHPAEA requirements](#) based on increased cost may be subject to [alternative disclosure rules](#).

[Employer Children's Health Insurance Program \(CHIP\) Notice](#)

(Click on the link above for model notice)

All employees in states with group health plan premium assistance

Annually before the start of each plan year (may be provided with enrollment packets, open season materials, or the SPD)

[Michelle's Law Notice](#)

(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)

Group health plan participants

With any notice regarding a student status certification requirement under a plan that bases coverage eligibility on student status (and that provides dependent coverage [beyond age 26](#))

[Newborns' and Mothers' Health Protection Act Notice](#)

(Click on the link above and scroll to page 4 of the PDF—marked as page 140)

Group health plan participants

Must be included in the [SPD](#) for a plan providing maternity or newborn infant coverage

Medicare Part D [Creditable Coverage Disclosure Notice](#) or [Non-Creditable Coverage Disclosure Notice](#)

(Click on the links above for model notices)

[Medicare-eligible individuals](#) (including certain dependents) who are offered prescription drug coverage under the employer's group health plan

Annually prior to October 15th, upon request, and at various [other times](#) as required under the law

An [online disclosure](#) to the Centers for Medicare & Medicaid Services (CMS) is also required annually, no later than 60 days from the beginning of a plan year, and at certain [other times](#)

[Genetic Information](#)

Entities from whom requests for health-related

Whenever an applicant or employee is sent for a

[Nondiscrimination Act \(GINA\) Disclosures](#)

(The link above contains model "warning" language from the federal government as well as a sample general disclosure, which may be used for general reference purposes only.)

information are made

medical examination by an employer with 15 or more employees

An additional "warning" is required when requests for health-related information are made by employers with 15 or more employees (e.g., to support an employee's request for reasonable accommodation or a request for sick leave), but only if the request for medical documentation is made in a way that is likely to result in receipt of genetic information

[ADA Notice Regarding Wellness Program](#)

(Click on the link above for sample notice)

All employees offered participation in a wellness program that collects employee health information

Must be provided before the employee provides any health information, with enough time for the employee to decide whether to participate in the program

[ACA Section 1557 Nondiscrimination Notice & Taglines](#)

(Click on the link above for sample notices and taglines in a variety of languages)

Beneficiaries, enrollees, applicants, and members of the public that participate (or may participate) in certain health programs or activities that receive federal financial assistance

Notices of nondiscrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services are generally required to be posted in: (1) significant publications and communications targeted to beneficiaries, enrollees, applicants, and members of the public; (2) conspicuous physical locations where an entity interacts with the public; and (3) a conspicuous location on the entity's website, accessible from the homepage of the site.

Note: The content requirements are modified for small-sized significant communications (such as postcards).

[Uniformed Services Employment and Reemployment Rights Act \(USERRA\) Notice](#)

(Click on the link above for model notice)

All employees

May be posted where employers customarily place notices for employees

Consolidated Omnibus Budget Reconciliation Act (COBRA)* Notices

Notice

Provide To

When Due

[General Notice of COBRA Rights](#)

Covered employees & their spouses

Within the first 90 days of coverage

(Click on the link above for model notice)

Note: This requirement can be satisfied by including the general notice in a plan's SPD and giving the SPD to the employee and spouse within the first 90 days of coverage.

[Notice of COBRA Qualifying Event](#)

Plan administrator

(Model notice unavailable)

The employer must provide notice within 30 days of the occurrence of a qualifying event that is the covered employee's death, termination of employment (other than for gross misconduct), reduction in hours, or entitlement to Medicare

Note: The employee or one of the qualified beneficiaries is responsible for notifying the plan if the qualifying event is divorce, legal separation, or loss of dependent status under the plan (the employee or qualified beneficiary has at least 60 days from the date of the event to give notice).

[COBRA Election Notice](#)

(Click on the link above for model notice)

Covered employees, spouses, & dependent children who are [qualified beneficiaries](#)

Generally within 14 days after receiving notice of a qualifying event

Note: If the employer is also the plan administrator, the notice must be provided not later than 44 days after the date the qualifying event occurred or the date of loss of coverage due to the qualifying event (if the plan provides that COBRA coverage starts on the date of loss of coverage).

[Notice of Unavailability of COBRA Coverage](#)

(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)

Individuals who have submitted a Notice of Qualifying Event who are determined ineligible for COBRA

Generally within 14 days after receiving notice of a qualifying event, unless the employer is also the plan administrator (see above note)

[Notice of Underpayment of COBRA Premium](#)

(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)

Qualified beneficiary who makes timely payment in an amount not significantly less than the amount due for a period of COBRA coverage

A plan must provide notice and grant a reasonable period of time (no less than 30 days) for payment of a deficiency, where the incorrect amount is not significantly less than the amount due, before taking action to terminate coverage

[Notice of Early](#)

Qualified beneficiaries whose COBRA coverage

As soon as practicable following the plan administrator's determination that COBRA coverage

[Termination of COBRA Coverage](#)

will terminate earlier than will terminate the maximum period of coverage

(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)

Family and Medical Leave Act (FMLA)** Notices

Notice	Provide To	When Due
<p>General FMLA Notice</p> <p><i>(Click on the link above for model notice)</i></p>	All employees	<p>Must be posted prominently where it can be readily seen by employees and applicants, even if no employees are eligible for FMLA leave</p> <p>The notice must also be provided to each eligible employee by including it in employee handbooks or other written guidance concerning employee benefits or leave rights (if such written materials exist), or by distributing a copy to each new employee upon hiring, but only if the employer has any FMLA-eligible employees</p>
<p>Notice of FMLA Eligibility & Rights and Responsibilities</p> <p><i>(Click on the link above for model notice)</i></p>	Employees requesting FMLA leave	<p>Generally within 5 business days of the employee notifying the employer of the need for FMLA leave (or when the employer acquires knowledge that an employee's leave may be for an FMLA-qualifying reason)</p> <p><u>Note:</u> Written notice of any change in the employee's eligibility status, or the specific information provided by the notice of rights and responsibilities, is also required (generally within 5 business days).</p>
<p>FMLA Designation Notice</p> <p><i>(Click on the link above for model notice)</i></p>	Employees requesting FMLA leave	<p>Generally within 5 business days after the employer has enough information to determine whether the leave is being taken for an FMLA-qualifying reason (if leave is not designated as FMLA-qualifying, the notice may be in the form of a simple written statement)</p> <p><u>Note:</u> Written notice of any change to the information provided in the designation notice is also required, within 5 business days of receipt of the employee's first notice of the need for leave subsequent to any change.</p>

Employers With 100+ Employees Also Need To Comply With:

Notice	Provide To	When Due
<p>Form 5500 Annual Return/Report</p> <p>&</p> <p>Schedules to Form 5500</p> <p><i>(Click on the links above to view the forms)</i></p>	<p>Filed electronically with the DOL through the ERISA Filing Acceptance System (EFAST2), using either EFAST2-approved vendor software or the IFILE web-based filing system</p> <p><u>Note:</u> The plan administrator must keep a copy of the Form 5500 on file and must make a paper copy available upon request to participants, beneficiaries, & the DOL (see "Plan Documents" above)</p>	<p>Generally by the last day of the 7th calendar month after the end of the plan year (not to exceed 12 months in length)</p> <p>A plan may obtain a one-time extension of time to file (up to 2½ months) by filing Form 5558, Application for Extension of Time To File Certain Employee Plan Returns, with the IRS on or before the date the Form 5500 would otherwise be due, without extension</p> <p><u>Note:</u> Depending on the plan design, certain exemptions may apply.</p>
<p>Summary Annual Report (SAR)</p> <p><i>(Model language can be located at 29 C.F.R. § 2520.104b-10(d)(4))</i></p>	<p>Each plan participant</p>	<p>Plans subject to Form 5500 annual reporting requirements must provide the SAR annually within 9 months after the end of the plan year</p> <p><u>Note:</u> When an extension of the due date for filing Form 5500 has been granted by the IRS, the SAR must be provided within 2 months after the extended due date.</p>

*Under [COBRA](#), this includes **both** full- and part-time employees. Each part-time employee counts as a fraction of a full-time employee, with the fraction equal to the number of hours the part-time employee worked divided by the hours an employee must work to be considered full time. Companies that are part of a controlled group or which have common ownership interests should contact the U.S. Department of Labor or a knowledgeable attorney for issues related to headcount.

Private sector employers who employ 50 or more employees for at least 20 workweeks in the current or preceding calendar year are [subject to FMLA](#). An employee must work at a location where the company employs 50 or more employees **within 75 miles (and meet certain other requirements with respect to time worked) to be eligible for FMLA leave. Any employee whose name appears on the employer's payroll will be considered employed each working day of the calendar week, and must be counted whether or not any compensation is received for the week.