

Required Notices Checklist

SPD and General ERISA Disclosures	1-19	20-49	50+
Who Must Comply: <u>Group health plans, as applicable</u>			
<u>Summary Plan Description (SPD)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Summary of Material Modifications (SMM) / AND</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Summary of Material Reduction in Covered Services or Benefits</u>			

COBRA Notices	1-19	20-49	50+
Who Must Comply: <u>Group health plans sponsored by employers with 20 or more employees on more than 50% of their typical business days in the previous calendar year</u>			
<u>General Notice of COBRA Rights</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice of Qualifying Event</u> (model notice currently unavailable)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>COBRA Election Notice</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice of Unavailability of COBRA Coverage</u> (no federal sample provided)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice of Underpayment of COBRA Coverage</u> (no federal sample provided)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice of Early Termination of COBRA Coverage</u> (no federal sample provided)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

HIPAA (Health Insurance Portability and Accountability Act) Notices	1-19	20-49	50+
Who Must Comply: <u>Group health plans with 2 or more participants who are current employees</u>			
<u>Notice of Special Enrollment Rights</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Wellness Program Disclosure</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>HIPAA Notice of Privacy Practices for Protected Health Information</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.			
<u>HIPAA Notice of Breach of Unsecured Protected Health Information</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
See note above.			

Special Health Care Notices	1-19	20-49	50+
Who Must Comply: <u>Group health plans (applicability varies depending on specific requirement)</u>			
<u>Surprise Billing Notice</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Gag Clause Attestation</u> (this link is where attestations are submitted)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Prescription Drug Reporting (RxDC Report)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Women's Health and Cancer Rights Act (WHCRA) Notices</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure</u> (sample notice unavailable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Employer Children's Health Insurance Program (CHIP) Notice</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Michelle's Law Notice</u> (sample notice unavailable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice Regarding Newborns' and Mothers' Health Protection Act</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Genetic Information Non-Discrimination Act (GINA) Disclosure</u> (sample language at bottom of webpage)	15+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>ADA Notice Regarding Wellness Program</u>	15+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Medicare Part D - Creditable Coverage Disclosure Notices</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Medicare Part D - Non-Creditable Coverage Disclosure Notices</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

The information contained herein is for informational purposes only and is not intended as legal or tax advice.
BP010924

Required Notices Checklist

Health Care Reform (Affordable Care Act or PPACA) Notices	1-19	20-49	50+
Who Must Comply: <u>Group health plans with 2 or more participants who are current employees</u>			
<u>Summary of Benefits and Coverage (SBC) Template</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>FAQs About ACA Implementations of the SBC provisions</u>			
<u>Notice of Modification (changes to Group Health plans) (sample notice unavailable)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Disclosure of Grandfather Status (grandfathered plans only)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>ACA Requirements in Loss of Grandfathered Status</u>			
<u>Standard Notice of Transition to ACA Compliant Policies</u>			
<u>Notice of Patient Protections (non-grandfathered plans only)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice Regarding Availability of Health Insurance Exchanges (technical release 2013-02)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice for Employers that Offer a Health Plan</u>			
<u>Notice for Employers that Do Not Offer a Health Plan</u>			
<u>Notice of Rescission of Coverage</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Patient-Centered Outcomes Research Institute (PCORI) Fees (certain self-insured plans)</u>			<input checked="" type="checkbox"/>
<u>Form 1094-C Transmittal of Employer Provided Health Insurance Offer and Coverage Information Returns</u>			<input checked="" type="checkbox"/>
<u>Form 1095-C Employer-Provided Health Insurance Offer and Coverage</u>			<input checked="" type="checkbox"/>
<u>Employer Reporting Requirements per ACA</u>			

Form 5500 Annual Reporting	1-19	20-49	50+
Who Must Comply: <u>Employee benefit plans (including employer-sponsored group health plans and retirement plans), unless a specific exemption applies</u>			
<u>Form 5500 Annual Return/Report (2023 version)</u>			100+
<u>Summary Annual Report (SAR)</u>			100+
<u>Schedules to Form 5500</u>			100+

Benefit Claim Notices	1-19	20-49	50+
Who Must Comply: <u>Group health plans, as applicable</u>			
<u>Notice of Benefit Determination (provided by Plan Administrator)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice of Adverse Benefit Determination (provided by Plan Administrator)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice of Final Internal Adverse Benefit Determination (provided by Plan Administrator)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Family and Medical Leave Act (FMLA) Notices	1-19	20-49	50+
Who Must Comply: <u>Group health plans, as applicable</u>			
<u>General FMLA Notice</u>			
<u>Notice of FMLA Eligibility & Rights and Responsibilities</u>			
<u>FMLA Designation Notice</u>			

If you are looking for a compliance vendor to help you and your groups, please contact:

- Sterling Administration: (800) 617-4729
- TASC: (800) 422-4661