

Required Notices Checklist

SPD and General ERISA Disclosures			
	1-19	20-49	50+
Who Must Apply: <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 (Consolidated Omnibus Budget Reconciliation Act) Notices			
	1-19	20-49	50+
Who Must Apply: <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> (sample notice 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, sample provided for general reference)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice of Underpayment of COBRA Premium</u> (no federal sample provided, sample provided for general reference)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice of Early Termination of COBRA Coverage</u> (no federal sample provided, sample provided for general reference)		<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>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 CHIP Notices</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Michelle's Law Notice</u> (no federal sample provided, sample provided for general reference)	<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>FAQs About Newborn's And Mothers' Health Protection</u>			
<u>Medical Child Support Order (MCSO) Receipt Notice</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Notice of Qualification Determination</u>			
<u>National Medical Support (NMS) Notice</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Genetic Information Non-Discrimination Act (GINA) Disclosure</u>	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>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"/>

Required Notices Checklist

Health Care Reform (Affordable Care Act or PPACA) Notices 1-19 20-49 50+

Who Must Comply: Group health plans with 2 or more participants who are current employees

Summary of Benefits and Coverage (SBC) Template	☑	☑	☑
FAQs About ACA Implementations of the SBC provisions			
Notice of Modification (changes to Group Health plans) (sample notice unavailable)	☑	☑	☑
Disclosure of Grandfather Status (grandfathered plans only)	☑	☑	☑
ACA Requirements in Loss of Grandfathered Status			
Standard Notice of Transition to ACA Compliant Policies			
Notice of Patient Protections (non-grandfathered plans only)	☑	☑	☑
Notice Regarding Availability of Health Insurance Exchanges (technical release 2013-02)*	☑	☑	☑
Notice for Employers that Offer a Health Plan			
Notice for Employers that Do Not Offer a Health Plan			
Notice of Rescission of Coverage	☑	☑	☑
Patient-Centered Outcomes Research Institute (PCORI) Fees (certain self-insured plans)	☑	☑	☑
Form 1094-C Transmittal of Employer Provided Health Insurance Offer and Coverage Information Returns			☑
Form 1095-C Employer-Provided Health Insurance Offer and Coverage			☑
Employer Reporting Requirements per ACA			

Form 5500 Annual Reporting 1-19 20-49 50+

Who Must Comply: Employee benefit plans (including employer-sponsored group health plans and retirement plans), unless a specific exemption applies

Form 5500 Annual Return/Report			100+
Summary Annual Report (SAR)			100+
Schedules to Form 5500			100+

Benefit Claim Notices 1-19 20-49 50+

Who Must Comply: Group health plans, as applicable

Notice of Benefit Determination (provided by Plan Administrator)	☑	☑	☑
Notice of Adverse Benefit Determination (provided by Plan Administrator)	☑	☑	☑
Notice of Final Internal Adverse Benefit Determination (provided by Plan Administrator)	☑	☑	☑

Family and Medical Leave Act (FMLA) Notices 1-19 20-49 50+

Who Must Comply: Group health plans, as applicable

General FMLA Notice			☑
Notice of FMLA Eligibility & Rights and Responsibilities			☑
FMLA Designation Notice			☑

Compliance Notices Vendors

Sterling Administration	800.617.4729
TASC	800.422.4661

*A penalty tax, imposed by employers under the IRD, of \$100 per affected individual for each day the plan is not in compliance. A civil action by the US Department of Labor (DOL) or plan participants or beneficiaries to compel the plan or sponsor to comply with ERISA. Civil money penalties may also apply.