

Benefits Notices

For Employers With 1-19 Employees

**An easy-to-understand guide
featuring key federal notices and filings**



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](#) 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) (Model notice unavailable)	Group health plan participants	Within 90 days after the employee becomes a participant in the plan 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)
Summary of Material Modifications (SMM) and Summary of Material Reduction in Covered Services or Benefits (Model notices unavailable)	Group health plan participants	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 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) Note: Timely distribution of a "Notice of Modification" (below) may satisfy these requirements.
Plan Documents (e.g., SPD, any SMMs, and other documents under which the plan is established or operated) (Model notice unavailable—plan documents are specific to each plan)	Group health plan participants & beneficiaries	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)
Health Care Reform Notices		
Notice	Provide To	When Due
2015 Forms 1094-B (Transmittal) and 1095-B (Health Coverage) (Click on the links above for the forms) Note: For self-insured employers only.	Responsible individuals enrolled in self-insured coverage (may be the primary insured, employee, former employee, or other related person named on the application)	Form 1095-B must be furnished to responsible individuals by March 31, 2016 Forms 1094-B and 1095-B must be filed with the IRS by May 31, 2016 (or June 30, 2016 , if filing electronically)

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Health Care Reform Notices (Cont'd)

Notice	Provide To	When Due
Health Insurance Exchange Notice <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)</i>	All new employees	Within 14 days of an employee's start date
Summary of Benefits and Coverage (SBC) & Uniform Glossary <i>(Click on the link above for a list of all available templates and related documents)</i>	Group health plan participants & beneficiaries	At specified times during the enrollment process and upon request
Notice of Modification <i>(Model notice unavailable)</i>	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 Grandfather Status <i>(Click on the link above for model notice)</i>	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 <i>(Click on the link above for model notice)</i>	Group health plan participants	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
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 <i>(Click on the link above and scroll to page 2 of the PDF—marked as page 138)</i>	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

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Health Insurance Portability and Accountability Act (HIPAA) Notices (Cont'd)

Notice	Provide To	When Due
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 the health-contingent wellness program (if the plan materials merely mention that a program is available, without describing its terms, disclosure is not required) and in any disclosure that an individual did not satisfy an initial outcome-based standard
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 meeting the definition of a " covered entity " that create or receive PHI in addition to summary health & enrollment information must provide the notice upon request Other health plans that are covered entities must provide the notice to new enrollees at the time of enrollment and to covered individuals within 60 days of a material revision to the policy (with special rules for website notice postings); must notify covered individuals of the availability of the notice and how to obtain the notice at least once every 3 years; and must provide it upon request

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 6 of the PDF—marked as pages 141-142)	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
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 requirements under the MHPAEA 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 concurrently with the SPD or other materials notifying the employee of plan eligibility, or in connection with an open season or election process conducted under the plan)
Michelle's Law Notice (Model notice unavailable)	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)

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Special Health Care Notices (Cont'd)		
Notice	Provide To	When Due
Newborns' and Mothers' Health Protection Act Notice <i>(Click on the link above and scroll to page 4 of the PDF—marked as page 140)</i>	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 <i>(Click on the links above for model notices. Word versions unavailable.)</i>	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 <i>(Model "warning" language is available in Q&A #11 from the U.S. Equal Employment Opportunity Commission; other model disclosure unavailable)</i>	Entities from whom requests for health-related information are made	A written notice is required whenever an applicant or employee is sent to a health care provider 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

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