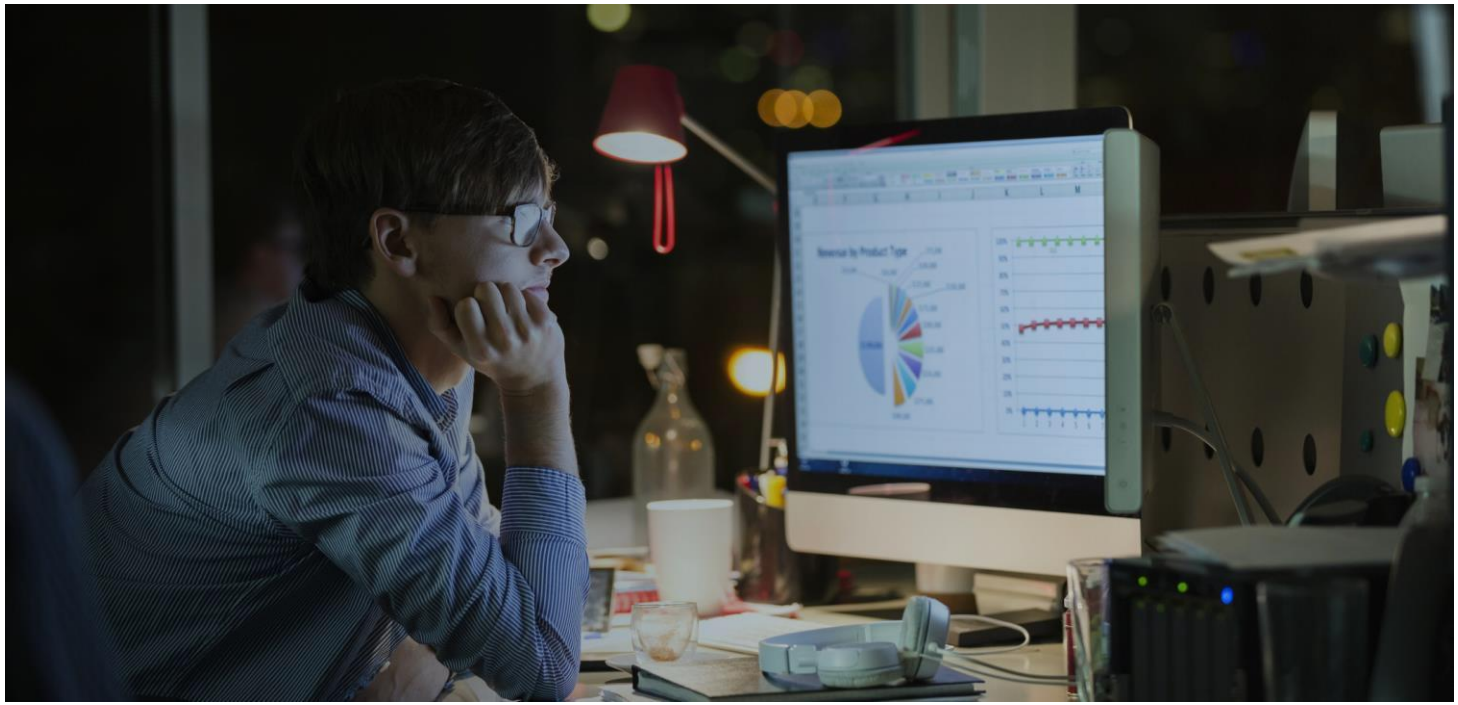

Plans with Plan Years Beginning July 1

2024 Compliance Calendar

HUB

COMMON DEADLINES

DEADLINE		ACTION	COMMENTS	
JANUARY	**31**	• Deadline for providing Form W-2 to Employees: ○ Report aggregate cost of employer-sponsored group health coverage	• Employers that issue (or would have been required to issue) 250 or more Form W-2s for the previous year are required to report the "aggregate cost" of "applicable employer sponsored group health plan coverage" on each employee's Form W-2 in box 12, using code "DD."	• Employer completes the W-2 to employees and IRS
		○ Report imputed income arising from benefits	• Imputed income might be an issue where health coverage is provided to non-dependent domestic partners. Imputed income may also arise under group-term life insurance, and some LTD programs. State income taxation may vary from federal taxation.	• Employers
		○ Report HSA information	• Report all employer contributions (including an employee's contributions through a cafeteria plan) to an HSA on each employee's Form W-2 in box 12, using code W.	• Employers
		• File 2022 Form 5500 (or File Form 5558 to Request 2 ½ Month Extension)	• Filing is due for ERISA plans, unless exempt. Filing is made electronically with the DOL at: www.efast.dol.gov. Welfare plans that are fully insured, unfunded or a combination of both are excused from filing if they have fewer than 100 participants as of the first day of the ERISA plan year. • Consider the need to file for health FSAs and other programs often overlooked, such as severance pay plans, EAPs and some voluntary coverage. • For more information, see: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500 • Does not apply to governmental plans (state and local). Does not apply to church plans that have not elected to be covered by ERISA.	• Leo Riley & Company files on behalf of the MEWA
FEBRUARY	**28**	• IRS Form 1094/95 – B & C paper filing due	• Every person that provides minimum essential coverage to an individual during a calendar year must file an information return reporting the coverage. Insurers generally use Form 1094-B (transmittal) to submit Forms 1095-B (returns) to the IRS. However, self-funded employers (including governmental employers) subject to the employer shared responsibility provisions generally will report information about the coverage in Part III of Form 1095-C instead. For more information, see: https://www.irs.gov/uac/About-Form-1095-B and https://www.irs.gov/forms-pubs/about-form-1095-c • If filing Form 8809, deadline for filing with the IRS extends out 30 days. For more information, see: https://www.irs.gov/forms-pubs/form-8809-application-for-extension-of-time-to-file-information-returns • Only employers furnishing fewer than 10 information forms (including 1094/1095, W-2s, 1098, and 1099 series forms) are permitted to file by paper; all others must file electronically.	• In December Allegiance provides a census file • Wyoming Chambers health Benefit Plan provides electronic filling for IRS. Also providing the same information to Employers • Employer distribute to Employees
MARCH	**01**	• Deadline for providing Forms 1095-B/C to Employees	• Applicable Large Employers (i.e. those that are subject to the employer mandate) must report on the coverage offerings for each 'full-time employee' from the previous calendar year. • Self-funded employers (of any size) are required to report on coverage provided to any employee in the prior calendar year. • For more information, see: https://www.irs.gov/uac/About-Form-1095-B and https://www.irs.gov/forms-pubs/about-form-1095-c • The official deadline is January 31, but the IRS permits an automatic 30-day extension.	

MARCH	**29**	• Distribute Summary Annual Reports (SARs) for 2022-2023 Plan Year	• Distribute to participants, COBRA beneficiaries and alternate recipients under QMCSOs within 9 months after close of the plan year or 2 months after the plan's extended 5500 deadline. SAR requirement does not apply to plans that pay benefits exclusively from the employer's general assets (that is, plans with no trust, with no insurance contract to pay benefits, where participant contributions are made through a Section 125 plan, etc.). • Does not apply to governmental plans (state and local). Does not apply to church plans that have not elected to be covered by ERISA. • Due no later than March 31, but that is a Sunday.	• Only upon request
APRIL	**01**	• IRS Form 1094/95 – B & C electronic filing due	• Applicable large employers and others furnishing 10 or more information forms (including 1094/1095, W-2s, 1098, and 1099 series forms) must file all Forms 1095-B/C with the IRS. • If filing Form 8809, deadline for filing with the IRS extends out 30 days. For more information, see: https://www.irs.gov/forms-pubs/form-8809-application-for-extension-of-time-to-file-information-returns • The deadline is Sunday, March 31. By law, the deadline moves to Monday.	• If HUB has permission from employer they can file electronically for the Employer • Employers that do not sign up for electronic filing must file their own
	15	• File 2022 Form 5500, if Extension was Filed	• If Form 5558 was submitted to the IRS seeking an extension of the deadline to submit 2022 Form 5500, filing of 2022 Form 5500 is now required. • Does not apply to governmental plans (state and local). Does not apply to church plans that have not elected to be covered by ERISA.	• Leo Riley & Company files on behalf of the MEWA
MAY	**31**	• Prescription Drug Reporting	• Group health plans must report on certain prescription drug information to HHS, Labor, and Treasury. • Reporting must include information regarding plan coverage and premiums, as well as the amount spent, and increase in spend, on various prescription drugs. Total spending on health care services is also included. The report must also disclose the impact on premiums of any rebates received from drug manufacturers. • Rules are still being developed. Employers should work with their carriers or administrative services only providers/third party administrators to facilitate reporting. • In August 20, 2021 FAQs, the agencies indicated that 2020 and 2021 reporting were originally due December 27, 2022, with annual reporting due by June 1 each year after that. • Due no later than June 1, but that is a Saturday.	• PBM – Ventegra request data from HUB to file on your behalf. • If we do not have your contributions we will reach out to you to provided to us.
JUNE	**15**	• Distribute Summary Annual Report, if Extension was Filed to file 2022 Form 5500.	• If an extension was filed for the 2022 Form 5500, a Summary Annual Report needs to be distributed to employees at this time. • Does not apply to governmental plans (state and local). Does not apply to church plans that have not elected to be covered by ERISA.	• Leo Riley & Company files on behalf of the MEWA
	28	• Distribute Annual Women's Health and Cancer Rights Act Notice – *HUB provides in its EB Notices and Forms Kit*	• The WHCRA notice is distributed at initial enrollment, and then annually, prior to each plan year, to participants (and to beneficiaries whose last-known address is different from the last-known address of the participant). A model notice and other information can be found at: https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf Note that a separate, more detailed notice must be distributed after enrollment (see "Deadlines Based on When Events Happen" below). • Does not apply to self-funded governmental (state and local) plans that have opted out of having this law apply. Does not apply to self-funded church plans. • Due no later than June 30, but that is a Sunday.	• Part of HUB Compliance Packet to distribute to employees

JUNE	**28**	• Distribute Children's Health Insurance Premium Assistance Notice – *HUB provides in its EB Notices and Forms Kit*	• The CHIP notice must be provided before the first day of the plan year. The CHIP notice must be separate, but may be provided with other open enrollment materials or the SPD. Separate mailing is not required. Electronic distribution is permitted if meeting the DOL safe harbor requirements. A model notice (called "Model Notice for Employers Regarding Premium Assistance Opportunities") can be found at: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans • Due no later than June 30, but that is a Sunday.	• Part of HUB Compliance Packet to distribute to employees
JULY	**31**	• Deadline for Filing Form 720 and Payment of ACA PCORI Fee for prior Plan Year	• Patient-centered Outcomes Research Trust Fund Fee must be paid by issuers of specified health insurance policies and plan sponsors of applicable self-insured health plans (including HRAs). • Payment is due annually, by July 31, of the calendar year following the end of the plan year. • For more information, see: https://www.irs.gov/newsroom/patient-centered-outcomes-research-institute-fee	• Reminder to file from HUB • Calculations and counts from Allegiance
AUGUST	**29**	• Submit Annual Notice of Creditable and/or Non-Creditable Coverage to CMS	• Notice is required within the first 60 days of the plan year. Filing is made online at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html • More detail on creditable/non-creditable coverage is included in the discussion of the notices to participants before October 15.	• HUB supplies the creditable and non-creditable notices dependent on which plans the employer off • Employers must distribute the notice to employees before 10/15 • Employers must log in 60 days after the Plan Year to CMS.gov to report the creditability or non-creditability status
SEPTEMBER	**15**	• Last Day of 2 ½ Month Grace Period for Flexible Spending Accounts with Grace Periods	• Only applies to employers who offer an FSA plan with a 2 ½ month grace period following the end of the FSA plan year. Employees may no longer incur expenses that can be paid for with contributions from the immediately preceding FSA plan year. This assumes an FSA plan year ending June 30. Note that a plan could have an earlier deadline.	• If you offer a Flexible Spending Account

OCTOBER	**15**	• Distribute Notices of Creditable and/or Non-Creditable Coverage – *HUB provides in its EB Notices and Forms Kit*	• Provide to employees, retirees and dependents enrolled in or eligible for Medicare and also enrolled (or seeking enrollment) in the employer's group plan. The Notices are good for the next 12 months after they are distributed (e.g., if distributed in enrollment packets during prior year), unless the coverage changes from creditable to non-creditable (or from non-creditable to creditable). Model notices may be found at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Model-Notice-Letters.html
			• Individuals are generally required to enroll in Medicare Part D prescription drug coverage when they first become eligible and may be subject to late enrollment penalties if they fail obtain creditable prescription drug coverage for 63 consecutive days or longer. Each year employers are required to address Medicare Part D prescription drug coverage in two ways:
			  ○ By completing an online filing with CMS within the first 60 days of each plan year certifying whether the employer provides prescription drug creditable coverage.
			  ○ By providing the employees with a notice before October 15th informing them of whether the prescription coverage is creditable.
				• HUB supplies notices before 10/15 in your compliance packet for distribution to employees.
				• Employers provide to all employees before 10/15

NOVEMBER	**01**	• Open Enrollment for the ACA Exchanges Begins	• ACA Exchange open enrollment generally begins November 1.	• Part of HUB Compliance Packet to distribute to employees

DECEMBER	**31**	• No "Gag Clause" Attestation Due	• Health plans and insurers must annually attest that they have not agreed to any "gag clauses." These are agreements that either (1) prevent the disclosure of cost or quality of care information or data, and certain other information to participants, beneficiaries, enrollees, plan sponsors, or referring providers, or (2) restrict the plan/insurer from sharing such information with a business associate, consistent with applicable privacy regulations. • The attestation form is available at: https://hios.cms.gov/HIOS-GCPCA-UI • Instructions are available at: https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/gag-clause-prohibition-compliance-attestation-instructions.pdf • FAQs are available at: https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-57.pdf	• HUB provides Allegiance with the information to file on behalf of the Chamber.

LESS COMMON DEADLINES

DEADLINE		ACTION	COMMENTS	
MARCH	**01**	• File Form M-1 (Annual Report) on behalf of Multiple Employer Welfare Arrangements (MEWAs) Providing Health Coverage	• ***Only applies to a health plan or other arrangement that covers employees of two or more companies that have less than 25 percent common ownership interest at any time during the plan year (including most association health plans).*** • For established MEWAs, Form M-1 (Annual Report) must be filed by March 1 each year. Some exceptions to the initial filing date apply. For more information, see: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/mewas	• HUB Files
APRIL	**02**	• Distribute annual Individual Coverage HRA Notice (if applicable)	• ***Only applies to employers that sponsor individual coverage health reimbursement arrangements (ICHRAs)*** • Due at least 90 days before the beginning of the plan year. Notice must include specific information about the ICHRA, including the maximum dollar amount, some limitations of the ICHRA, a statement of the right to opt-out, and the effect on the individual's ability to obtain premium tax credits for individual coverage, among other items. • A model notice is available here: https://www.irs.gov/pub/irs-utl/health_reimbursement_arrangements_faqs.pdf	Not applicable
JUNE	**28**	• Self-Funded State and Local Government Health Plans Submit Optional Opt-Out Election to CMS	• ***Only applies to self-funded governmental (state and local) health plans.*** • Opt-out available for Newborns and Mothers Health Protection Act, Women's Health and Cancer Rights Act, and Michelle's Law. The plan must provide notice of the opt-out to participants at the time of enrollment and on an annual basis, prior to the beginning of each plan year. A model notice can be found at: https://www.cms.gov/CCIIO/Resources/Files/hipaa_exemption_election_instructions_04072011.html • Due no later than June 30, but that is a Sunday	Not applicable
JULY	**01**	• Distribute Notice of ACA Grandfather Status – *HUB provides in its EB Notices and Forms Kit*	• ***Only applies to plans that are "Grandfathered" under the Affordable Care Act.*** • Must be given to all plan participants not later than the first day of the plan year. Notice should be included in SPD or other summaries of benefits supplied to participants or may be given electronically, if permitted. The DOL model notice may be found at: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans	Not applicable

DEADLINES BASED ON WHEN EVENTS HAPPEN

DEADLINE	ACTION	COMMENTS	
Events Tied to Other Plan Actions			
Whenever the plan issues a summary plan description or similar summaries	• Distribute ACA Notice of Right to Designate Primary Care Provider, and • Notice of No Obligation for Preauthorization for OB-GYN Care *HUB provides in its EB Notices and Forms Kit*	• Provide to all participants in a plan that requires designation of a primary care provider or that provides coverage for OB/GYN care and requires designation of a primary care provider. Must be in writing, as part of (or with) any SPD or other similar plan summary. Electronic distribution is likely permitted. The DOL has supplied model notices in English and Spanish. Applies to all plans (including grandfathered plans starting in 2022). A model notice and other information are available at: https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf	*HUB provides in its EB Notices and Forms Kit*
Whenever a plan issues a description of its wellness program (if applicable)	• Distribute HIPAA Wellness Notice – *HUB provides in its EB Notices and Forms Kit*	• Required if the wellness program is not "participation only" and provides a reward (or imposes a penalty). If the wellness program is based on a health factor or requires completion of an activity and, in either case, provides a reward (or imposes a penalty), this notice is required. • This notifies participants that a reasonable alternative standard for obtaining the reward will be made available if they cannot meet the requirements for the reward. • A model notice and other information are available at: https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf	*HUB provides in its EB Notices and Forms Kit*
Third anniversary of when the plan become subject to HIPAA	• Distribute reminder to participants regarding the availability of health plan's HIPAA Privacy Notice – *HUB provides in its EB Notices and Forms Kit*	• Not required for sponsors of fully-insured plans who do not receive protected health information (PHI). • Due every third year, generally. April 14 is the anniversary of when HIPAA first applied; your actual due date is the later of the date your plan was established or became subject to HIPAA. • Some plans choose to supply the HIPAA privacy notice or reminder more frequently (e.g., as part of enrollment packets) to avoid keeping track of the three year requirement. • FSAs, EAPs and HRAs require HIPAA privacy notice distribution. • This is part of a larger HIPAA compliance program. Additional details may be found at: https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html	*HUB provides in its EB Notices and Forms Kit*
Whenever a plan issues an explanation of benefits	• Distribute notice of "surprise" billing protections under the "No Surprises Act"	• This is a new requirement starting in 2022. • It describes the protections under the No Surprises Act passed at the end of 2020. These protections generally prohibit balance billing for emergency, air ambulance, and most non-emergency services. There is a limited exception that allows the individual to agree, before services are provided, to be balance billed for certain non-emergency services. • Notice must also describe applicable state law protections, if any. • Employers should work with their carriers and administrative services only providers/third party administrator. The notice must also be posted on the plan's public-facing website. • A model notice is available here: https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/no-surprises-act/surprise-billing-model-notice.docx	Allegiance provides when a claim requires it

For MEWAs only, within 30 days <u>before</u> operating in any state.	• File Form M-1	• ***Only applies to a health plan or other arrangement that covers employees of two or more companies that have <u>less than 25 percent common ownership interest</u> at any time during the plan year (including most association health plans).*** • Advance notice is required prior to a multiple employer welfare arrangement (MEWA) beginning operation. More information is available here: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/mewas	
For MEWAs only, within 30 days after certain specified events (listed at right).	• File Form M-1	• ***Only applies to a health plan or other arrangement that covers employees of two or more companies that have <u>less than 25 percent common ownership interest</u> at any time during the plan year (including most association health plans).*** • This only applies to multiple employer welfare arrangements. More information is available here: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/mewas • Unless an exception applies, notice is required in any the following listed circumstances: o knowingly operating in an additional state; o a merger where the MEWA now serves additional employers; o the number of employees receiving coverage for medical care increases by more than 50% from the prior calendar year; or o experiencing a material change.	When necessary HUB files
Around Date of Hire or Date of Enrollment			
Notice of Exchange	• Distribute Notice to All New Employees Within 14 Days of Hire – *HUB provides in its EB Notices and Forms Kit*	• Notifies employees of their ability to obtain health coverage through an ACA exchange. • For a model notice (called a "Model Notice for employers who offer a health plan to some or all employees"), see: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans	*HUB provides in its EB Notices and Forms Kit*
At or before participant is first offered a chance to enroll	• Distribute HIPAA Special Enrollment Notice – *HUB provides in its EB Notices and Forms Kit*	• Notifies employees of their ability to enroll in the group health plan if they lose eligibility for state Medicaid or CHIP, become eligible for Medicaid or CHIP state assistance, and or if they become married or need to add a child due to birth, adoption, or placement for adoption. • Provide to participants (employees and retirees). Best to insert into enrollment packets. The model notice is available at: https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf	*HUB provides in its EB Notices and Forms Kit*
	• Distribute Summary of Benefits and Coverage (SBC)	• The SBC is a 4-page (front and back) summary of the health plan that must meet specific formatting requirements. For insured plans, the SBC is typically provided by the insurer. For self-funded plans, the SBC is typically prepared by the third-party administrator, but is distributed by the employer. • The SBC must be provided with enrollment materials (either initial or annual enrollment materials). Generally, SBCs are provided for all plan options available to the recipient. SBCs must also be provided upon request. • More information is available here: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans	*Allegiance and HUB provides to each employer at Renewal for employer to distribute to existing and To new hires.*

At application to enroll	• Initial Social Security Number / Individual Taxpayer Identification Number Solicitation	• For all self-funded employers. The SSN or ITIN is needed to complete the ACA reporting. • SSNs/ITINs should be requested for employees, spouses, domestic partners (if applicable), and dependents who are receiving coverage under the plan. The initial request is usually part of the enrollment form (whether electronic or paper). • If SSNs/ITINs are not obtained, dates of birth can be used instead. However, to avoid penalties, at least three documented requests should be made for the SSNs/ITINs.	*HUB provides in its EB Notices and Forms Kit to distribute letter if the employee doesn't comply*
Prior to participation in a wellness program (if applicable)	• Distribute EEOC Wellness Notice – *HUB provides in its EB Notices and Forms Kit*	• This is required when an employer sponsors a wellness program that either requires a health- or disability-related questionnaire (like a health risk assessment) or a medical examination (such as a physical exam, biometric screening, or even something as simple as a blood draw or blood pressure test). • This notifies employees of their rights to confidentiality and non-retaliation under the wellness program. It also notifies employees that they are not required to participate. • It is frequently included in enrollment packets. A sample is available here: https://www.eeoc.gov/laws/regulations/ada-wellness-notice.cfm	*HUB provides in its EB Notices and Forms Kit*
Upon enrollment	• Distribute HIPAA Privacy Notice	• Required of sponsors of self-insured health plans, and insured plans where the sponsor is "hands on" PHI. Provide to all enrolled individuals. Notice should also be distributed upon request, and within 60 days following a material change in the privacy policy or notice. Best to include in enrollment packets. Notice details may be found at: https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html	*HUB provides in its EB Notices and Forms Kit*
	• Distribute Women's Health and Cancer Rights Act Enrollment Notice	• Provide to participants (employees and retirees), COBRA and other beneficiaries receiving benefits and alternate recipients under QMCSOs. This notice is due upon enrollment. Best to include in enrollment packets, in a prominent position or in the SPD. A model notice and other information can be found at: https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf • Does not apply to self-funded governmental (state and local) plans that have opted out of having this law apply. Does not apply to self-funded church plans.	*HUB provides in its EB Notices and Forms Kit*
75 days after application to enroll	• First Follow-up Solicitation of Social Security Numbers or Individual Taxpayer Identification Numbers – *HUB provides in its EB Notices and Forms Kit*	• For all self-funded employers. The SSN or ITIN is needed to complete the ACA reporting. • SSNs/ITINs should be requested for employees, spouses, domestic partners (if applicable), and dependents who are receiving coverage under the plan. • If SSNs/ITINs are not obtained, dates of birth can be used instead. However, to avoid penalties, at least three documented requests should be made for the SSNs/ITINs.	*HUB provides in its EB Notices and Forms Kit to distribute letter if the employee doesn't comply*
90 days after coverage begins	• Distribute Summary Plan Description	• Provide to participants, alternate recipients under QMCSOs, and COBRA beneficiaries. However, a plan has 120 days after becoming subject to ERISA to distribute the SPD. Also, distribute every 5 years if plan is modified in the interim, every 10 years if not. • Does not apply to governmental plans (state and local). Does not apply to church plans that have not elected to be covered by ERISA.	*Allegiance provides the SPD and HUB provides to All employers.*

Within 90 days after an individual becomes enrolled	• Distribute COBRA General Notice – *HUB provides in its EB Notices and Forms Kit*	• Provide to each enrollee (whether employee or dependent). An initial notice is required every time a participant switches "plans". Hand deliver or mail to employee for employee-only coverage; mail (addressed to employee and family) for family coverage. The model general notice can be found at: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans • Does not apply to church plans.	*HUB provides in its EB Notices and Forms Kit*
Within 90 days after an individual enrolls due to a HIPAA special enrollment right	• Distribute Summary of Benefits and Coverage (SBC)	• The SBC is a 4-page (front and back) summary of the health plan that must meet specific formatting requirements. For insured plans, the SBC is typically provided by the insurer. For self-funded plans, the SBC is typically prepared by the third-party administrator, but is distributed by the employer. • The only SBC required here is the SBC for the coverage option in which the individual is enrolled. SBCs must also be provided upon request. • More information is available here: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans	*HUB provides updated SBC's each year in EASE, by Email and on the website.*
December 31 of the year after application to enroll	• Second Follow-up Solicitation of Social Security Numbers or Individual Taxpayer Identification Numbers – *HUB provides in its EB Notices and Forms Kit*	• For all self-funded employers. The SSN or ITIN is needed to complete the ACA reporting. • SSNs/ITINs should be requested for employees, spouses, domestic partners (if applicable), and dependents who are receiving coverage under the plan. • If SSNs/ITINs are not obtained, dates of birth can be used instead. However, to avoid penalties, at least three documented requests should be made for the SSNs/ITINs.	When necessary it's included in the HUB Forms Kit
When Benefits Under the Plan Are Changed During the Plan Year			
Not less than 60 days before a change in benefits that changes the content of the Summary of Benefits and Coverage (SBC)	• Distribute an updated Summary of Benefits and Coverage (SBC)	• This only applies if the plan change affects the content of the SBC. • The SBC is a 4-page (front and back) summary of the health plan that must meet specific formatting requirements. For insured plans, the SBC is typically provided by the insurer. For self-funded plans, the SBC is typically prepared by the third-party administrator, but is distributed by the employer. • More information is available here: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/health-plans	*HUB provides when necessary*
Not more than 60 days after the adoption of a material reduction in health benefits	• Distribute Summary of Material Modifications (Applicable Only if Health Plan is Amended to Materially Reduce Benefits)	• If a health plan has been amended to materially reduce benefits (ceasing to cover a significant item or service; increasing premiums, deductibles or co-payments; adding or strengthened preauthorization requirements, exclusions, etc.) notice must be supplied within 60 days after the adoption of the change. Not required if a revised SPD is issued before the deadline. The SMM must be provided to participants (employees and retirees), COBRA and other beneficiaries receiving benefits and alternate recipients under QMCSOs. Electronic notice is permitted, subject to compliance with DOL regulations. • Does not apply to governmental plans (state and local). Does not apply to church plans that have not elected to be covered by ERISA.	*HUB provides when necessary*

Not later than 210 days after the end of the plan year in which the material amendment is effective	• Distribute Summaries of Material Modifications (SMMs) (Applicable Only if Plan is Materially Amended)	• Provide to participants (employees and retirees), COBRA and other beneficiaries receiving benefits and alternate recipients under QMCSOs. For material plan changes other than reductions in health benefits, the SMM is due 210 days after the end of the plan year in which the material amendment was adopted. Not required if a revised SPD is issued before the deadline. • Does not apply to governmental plans (state and local). Does not apply to church plans that have not elected to be covered by ERISA.	*HUB provides when necessary*
Around Termination of Employment and/or Coverage			
At least 30 days prior to the effective date retroactive coverage cancellation	• Distribute Notice of ACA Retroactive Coverage Cancellation	• Must be sent in writing to the affected enrollee (participant or dependent) who is losing coverage retroactively for reasons other than nonpayment of premiums (fraud or intentional misrepresentation of material fact, as prohibited by the terms of the plan or coverage), or in conjunction with routine administrative delays in processing coverage deletions. Electronic notice will likely be permitted, subject to compliance with DOL's regulation. Applies to grandfathered and non-grandfathered plans.	*HUB provides when necessary*
Within 30 or 44 days after COBRA qualifying event	• Distribute COBRA Election Notice	• Provide to the COBRA qualified beneficiary losing coverage. If the employer is the plan administrator, the employer has 44 days to issue the notice from the date of the qualifying event. If the employer is not the administrator, it has 30 days to notify the administrator from the date of the qualifying event, and the administrator has 14 days to notify the COBRA qualified beneficiary. The model election notice may be found at: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra • Does not apply to church plans.	*HUB provides upon notification through EASE of a Termination.*
Within 14 days after person submits notice of purported qualifying event or disability determination	• Distribute Notice of Unavailability of COBRA Coverage	• This notice is provided in writing to a person not entitled to COBRA coverage (or an extension of COBRA coverage). This could happen if the employee notifies the plan of an event that does not constitute a COBRA qualifying event (such as legal separation, if that does not cause the spouse to lose coverage). For more details see: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra • Does not apply to church plans.	*HUB provides when necessary*
As soon as practicable after administrator determines COBRA coverage will be terminated early	• Distribute Notice of Early Termination of COBRA Coverage	• This notice is provided in writing only where the plan is terminating COBRA coverage early. It is not provided when COBRA coverage expires at its maximum term. It is provided to the COBRA beneficiary whose coverage is being terminated early. Information regarding the Notice of Early Termination of COBRA coverage may be found at: https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/an-employers-guide-to-group-health-continuation-coverage-under-cobra.pdf • Does not apply to church plans.	*HUB provides when necessary*
For an employee on FMLA leave, when the employee's premium payment is more than 30 days late and at least 15 days prior to the date coverage will cease	• Distribute Notice of Cancellation of Coverage During FMLA Leave (for Nonpayment)	• Provide to the covered employee who is on FMLA leave. The notice must provide that coverage will terminate upon a specified date that is at least 15 days after the date of the notice, if payment is not received by the employer. • Once proper notice is supplied, coverage may be cancelled retroactively to the date when the unpaid premium was due only if the employer has an established policy to that effect. Otherwise, coverage continues through the 30-day grace period. • Note that coverage may still need to be restored if/when the employee returns from leave.	Employer would need to notify employee

Other Events

Immediately (if not already posted)	• Post USERRA Notice	• Model notices are available from the Labor Department's EBSA and VETS websites. There are separate notices for federal agencies and other employers. Notice may be posted where labor relations notices are posted. Posters may be found at: http://www.dol.gov/vets/programs/userra/poster.htm • Post in workplace. Also, as a best practice, consider providing it to each eligible person who takes military leave.	Employer if this applies
Upon Request by Participant	• Self-Service Explanation of Benefits	• Group health plans must offer a self-service cost comparison tool that will allow individuals to obtain an "advance EOB" for services on their own without a provider request. Must be available online, over the phone, or on paper. • Effective for plan years beginning on or after January 1, 2023.	*Carrier provides link on the website*
No earlier than 90 days before the first HSA employer contribution for that calendar year and no later than January 15 of the following year.	• Distribute Notice of Comparable Contributions to Health Savings Accounts	• This only applies if employees cannot make HSA contributions through a cafeteria/125 plan. Employers who make contributions to employees' HSAs are subject to the comparability rules unless they allow employees to make their own pre-tax contributions to their respective HSAs, through the employer's cafeteria plan. Most employers satisfy this exception. • Provide the notice to employees who are eligible to make HSA contributions, where the employer makes its own contributions to employees' HSAs and is required to make "comparable" contributions to the HSAs of comparable employees. If subject to the comparability rules, the employer must make the comparable contributions for the prior year, with interest, by April 15.	Employer would need to provide
With any notice sent to participants requiring certification of student status	• Distribute Michelle's Law Notice	• Provide to participants, COBRA beneficiaries and alternate recipients under QMCSOs. This notice is only required if the plan requires of student status to cover a college-age dependent child. Such notice must include a description of the continued coverage available to ill college students, under Michelle's Law. After health reform, this notice is only relevant where a plan provides coverage beyond age 26 to children and requires proof of student status beyond age 26, or requires proof of student status even prior to age 26 for children other than natural, step, foster and adopted children. (Plans cannot require natural, step, foster and adopted children to be full-time students prior to age 26 under the ACA.) • Does not apply to self-funded governmental (state and local) plans that have opted out of having this law apply.	*HUB provides in the EB Notices Form Kit*