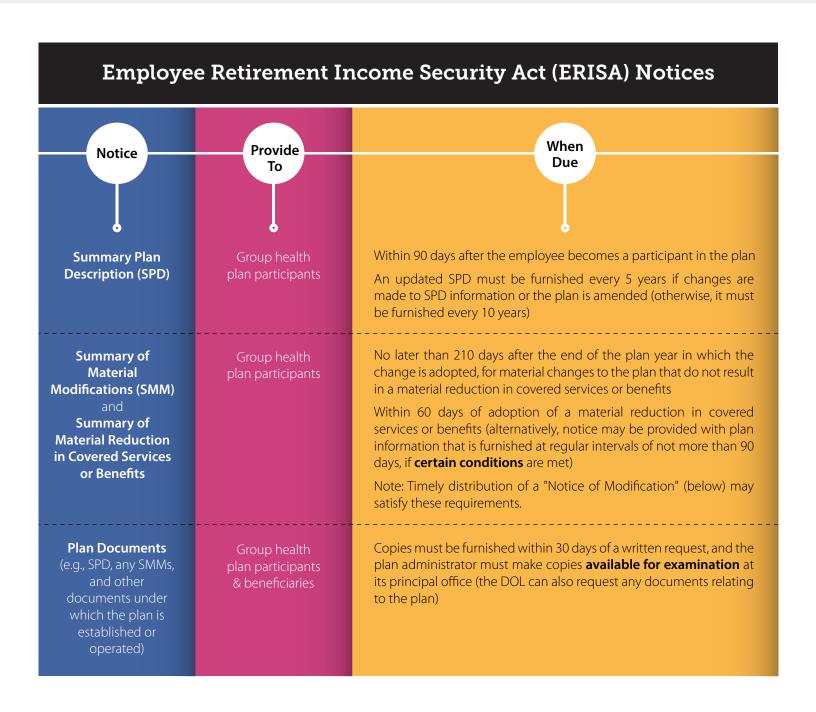
For companies with 50+ employees, this chart provides an overview of key required benefits notices and filings for employers and plan administrators under federal law. Please note that your company may be exempt from certain requirements and/or subject to additional obligations under your state's laws.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

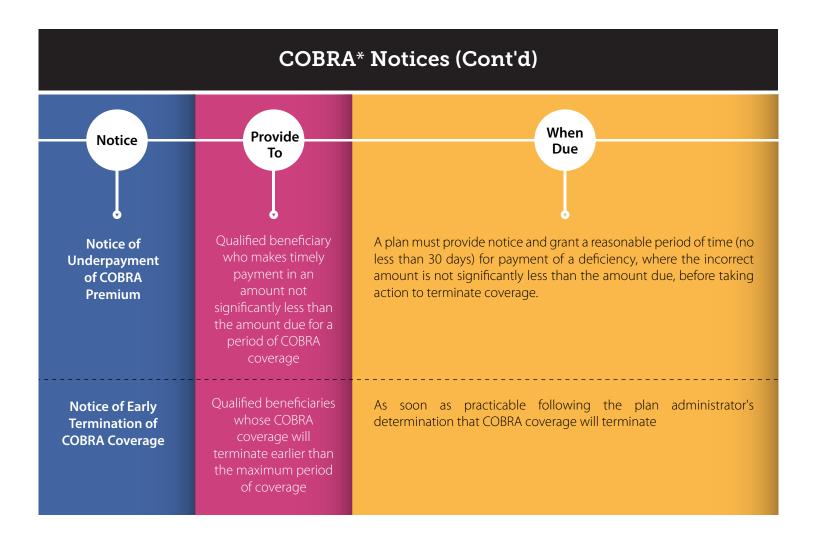


Health Care Reform Notices		
Notice	Provide	When Due
Health Insurance Exchange Notice	All new employees	Within 14 days of an employee's start date
Summary of Benefits and Coverage (SBC) & Uniform Glossary	Group health plan participants & beneficiaries	At specified times during the enrollment process and upon request
Notice of Modification	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
Disclosure of Grandfather Status	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	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 When **Provide** Notice Due To At or before the time an employee is initially offered the opportunity **Notice of** Employees eligible to enroll in the plan Special to enroll in the **Enrollment** Rights In all plan materials that describe the terms of the health-contingent Wellness Group health plan participants & wellness program (if the plan materials merely mention that a **Program** Disclosure program is available, without describing its terms, this disclosure is to participate in a not required) health-contingent wellness program Certificate of Automatically: When an individual loses coverage under the plan or Group health plan becomes entitled to elect COBRA continuation coverage, and when participants & **Creditable Coverage** COBRA continuation coverage ends Note: The requirement Upon request: Before the individual loses coverage or within 24 to issue certificates request a certificate months of losing coverage of creditable coverage will be eliminated as of December 31, 2014. Fully insured group plans meeting the definition of a "covered **Notice of** entity" that create or receive PHI in addition to summary health & **Privacy Practices** enrollment information must provide the notice upon request Note: Fully insured group Other health plans that are covered entities must provide the notice health plans that do not to new enrollees at the time of enrollment and to covered individuals create or receive protected 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 and enrollment information every 3 years; and must provide it upon request are not required to

Special Health Care Notices		
Notice	Provide To	When
Women's Health & Cancer Rights Act (WHCRA) Notices	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	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	All employees	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, as long as certain requirements with respect to appearance are satisfied)
Michelle's Law Notice	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)
Newborns' and Mothers' Health Protection Act Notice	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	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

Consolidated Omnibus Budget Reconciliation Act (COBRA)* Notices When **Provide** Notice Due To Within 90 days after the date group health plan coverage **General Notice** Covered employees commences (information regarding the right to continue coverage of COBRA Rights also must be included in the plan's SPD and SBC) **Notice of COBRA** Plan administrator The employer must provide notice within 30 days of the occurrence of a qualifying event that is the covered employee's death, **Qualifying Event** 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). Generally within 14 days after receiving notice of a qualifying event Covered employees, **COBRA Election** spouses, & dependent **Notice** Note: If the employer is also the plan administrator, the notice must children who are be provided not later than 44 days after the date the qualifying event aualified occurred or the date of loss of coverage due to the qualifying event beneficiaries (if the plan provides that COBRA coverage starts on the date of loss of coverage). **Notice of** Individuals who have Generally within 14 days after receiving notice of a qualifying event, submitted a Notice of unless the employer is also the plan administrator (see above note) Unavailability Qualifying Event who of COBRA are determined Coverage ineligible for COBRA



Family and Medical Leave Act (FMLA)* Notices When **Provide** Notice Due To Must be posted prominently where it can be readily seen by **General FMLA** employees and applicants, even if no employees are eligible for **Notice** FMLA leave 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. Generally within 5 business days of the employee notifying the **Notice of FMLA** requesting FMLA employer of the need for FMLA leave (or when the employer acquires **Eligibility & Rights** and knowledge that an employee's leave may be for an FMLA-qualifying reason) Responsibilities Note: 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 after the employer has enough **FMLA** information to determine whether the leave is being taken for an Designation FMLA-qualifying reason (if leave is not designated as **Notice** FMLA-qualifying, the notice may be in the form of a simple written statement) Note: Written notice of any change to the information provided in the designation notice is also required.

Employers With 100+ Employees Also Need To Comply With: When **Provide Notice** Due To Generally by the last day of the 7th calendar month after the end of Form 5500 Annual with the DOL through the plan year (not to exceed 12 months in length) Return/Report & the ERISA Filing Schedules to A plan may obtain a one-time extension of time to file a Form 5500 Acceptance System Form 5500 (up to 2½ months) by filing Form 5558, Application for Extension of (EFAST2), using either Time To File Certain Employee Plan Returns, with the IRS on or before **EFAST2-approved** the date the report would otherwise be due, without extension vendor software or the **IFILE** web-based Note: The plan keep a copy of the Form 5500 on file and must make a paper request to beneficiaries, & the DOL (see "Plan **Documents**" above) Plans subject to Form 5500 annual reporting requirements must **Summary** provide the SAR annually within 9 months after the end of the plan **Annual Report** year (SAR) Note: 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