

2010

Reporting & Disclosure Calendar for Benefit Plans



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Table of Contents

| | |
|---|----|
| 1. Notice of Creditable Coverage | 3 |
| 2. Creditable Coverage Disclosure Notice to CMS | 3 |
| 3. Application for Retiree Drug Subsidy (RDS) & Attestation of Actuarial Equivalence | 3 |
| 4. Notice of Privacy Practices for Protected Health Information Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation | 4 |
| 5. HIPAA Certificate of Creditable Coverage Disclosure..... | 4 |
| 6. CHIPRA (Children’s Health Insurance Program Reauthorization Act of 2009) | 4 |
| 7. Notice of Special Enrollment Rights | 4 |
| 8. General Notice of Preexisting Condition Exclusion | 5 |
| 9. Individual Notice of Period of Preexisting Condition Exclusion | 5 |
| 10. Michelle’s Law | 5 |
| 11. Notice of Coverage Relating to Hospital Length of Stay in Connection with Childbirth | 5 |
| 12. Women’s Health and Cancer Rights Act (WHCRA) Notices | 5 |
| 13. Mental Health Parity and Addiction Equity Act of 2008 | 6 |
| 14. Family Medical Leave Act (FMLA) General, Eligibility, Designation Notices | 6 |
| 15. Notice of Continuation of Health Coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) | 6 |
| 16. Notice of Unavailability of Continuation Coverage under COBRA | 7 |
| 17. Notice of Termination of Continuation Coverage | 7 |
| 18. Notice of Insufficient Payment of COBRA Premium | 7 |
| 19. Medicare Secondary Payer (MSP) Data Reporting Requirements | 7 |
| 20. Imputed Income for Group Term Basic Life | 7 |
| 21. Imputed Income for Group Optional Life | 8 |
| 22. Imputed Income for Group Dependent Life | 8 |
| 23. Imputed Income – Taxable Cost of Domestic Partner Benefits | 8 |
| 24. Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) | 8 |
| 25. Medical Child Support Order (MCSO) | 8 |
| 26. Plan Documents | 9 |
| 27. Summary Plan Description (SPD) | 9 |
| 28. Summary of Material Modifications (SMM) | 9 |
| 29. Summary of Material Reduction in Covered Services or Benefits | 9 |
| 30. Summary Annual Report (SAR) | 9 |
| 31. Form 5500 Series or 5500SF (Annual Return/Report of Employee Benefit Plan) | 10 |
| 32. Schedule A (Insurance Information) | 10 |
| 33. Schedule C (Service Provider Information) | 10 |
| 34. Schedule D (DFE/Participating Plan Information) | 10 |
| 35. Schedule G (Financial Transaction Schedule) | 10 |
| 36. Schedule H (Financial Information) | 11 |
| 37. Schedule I (Financial Information) | 11 |
| 38. Form 5558 (Application for Extension of Time) | 11 |

1

APPLICABLE PLANS Group health plans that provide prescription drug coverage to Medicare Part D-eligible individuals, except entities that contract with or become a Part D plan

REQUIREMENT **Notice of Creditable Coverage** — Plan must distribute to participants and beneficiaries eligible for Medicare Part D written notice stating whether or not the expected amount of paid claims under a group health plan's prescription drug coverage is at least as much as the expected amount of paid claims under the standard drug benefit under Medicare Part D. Model forms are available from the Centers for Medicare & Medicaid Services (CMS).

DUE DATE The notice must be provided (1) by November 15 each year; (2) prior to an individual's initial enrollment period for Part D; (3) prior to the effective date of coverage for any Part D-eligible individual who enrolls in the employer's prescription drug coverage; (4) when the plan no longer provides any drug coverage or when the coverage is no longer creditable; and (5) upon request. Sending the notice to all plan participants annually satisfies the first and second requirements listed above.

2

APPLICABLE PLANS Group health plans that provide prescription drug coverage to Medicare Part D-eligible individuals, except entities that contract with or become a Part D plan

REQUIREMENT **Creditable Coverage Disclosure Notice to CMS** — Plan must provide written disclosure to CMS through online form stating whether or not the expected amount of paid claims under a group health plan's prescription drug coverage is at least as much as the expected amount of paid claims under the standard drug benefit under Medicare Part D.

DUE DATE 60 days after the beginning of the plan year. Also, within 30 days of the termination of a plan's prescription drug coverage or after a change in the creditable status of the plan. Plans approved for the Retiree Drug Subsidy (RDS) are exempt from providing the notice with respect to retirees for whom the plan is claiming the subsidy.

3

APPLICABLE PLANS Group health plans that provide retiree drug coverage and are applying for the RDS under the Medicare Modernization Act of 2003

REQUIREMENT **Application for Retiree Drug Subsidy (RDS) & Attestation of Actuarial Equivalence** Request for the RDS available to group health plans that have retiree drug coverage that is actuarially equivalent to Medicare Part D coverage. Subsidy is available for each retiree (or spouse or dependent) who is eligible for Medicare Part D but not enrolled in Medicare Part D. Application and attestation must be complete by deadline below. List of retirees for whom the plan may receive a subsidy must also be timely submitted to complete application. Additional cost submissions are required to receive subsidy payment along with a final reconciliation due 15 months after the end of the RDS plan year. Plan sponsor must file with CMS through online RDS system accessed from www.rds.cms.hhs.gov.

DUE DATE The subsidy application, initial retiree list and attestation must be submitted annually; at least 90 days prior to the start of the plan year. Attestation must also be provided no later than 90 days before a material change to drug coverage that potentially causes the plan to no longer be actuarially equivalent.

4

- APPLICABLE PLANS** Group health plans
- REQUIREMENT** **Notice of Privacy Practices for Protected Health Information** — Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation — Plan Sponsor must distribute notice to participants describing their rights, the plan’s legal duties with respect to protected health information and the plan’s uses and disclosures of protected health information.
- DUE DATE** At enrollment and within 60 days of a material revision to the notice. Every three years plan must notify individuals covered by the plan that a Notice of Privacy Practices is available and how to obtain it.

5

- APPLICABLE PLANS** Group health plans
- REQUIREMENT** **HIPAA Certificate of Creditable Coverage** — Plan administrator must provide notice to former participants and covered dependents detailing the length of time during which they were covered under the plan.
- DUE DATE** Upon loss of health coverage and no later than deadline for giving the COBRA election notice. Within a reasonable time after the plan learns that COBRA has ceased. Certificate must be given upon request if request is made within 24 months after coverage ends. A model certificate is available.

6

- APPLICABLE PLANS** Group health plans subject to Title 1 ERISA
- REQUIREMENT** **Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)**
Employers in states that provide Medicaid or state children’s health insurance program (CHIP) premium assistance must provide employees notice of eligibility. Also allows 60-day special open enrollment period for individuals who become eligible or lose eligibility under CHIP or Medicaid. Plan documents to be updated for 60-day enrollment period. Plan sponsor must incorporate model language into a separate notice, open enrollment communication or Summary Plan Description and distribute to participants. DOL released Model Employer CHIP Notice in February 2010.
- DUE DATE** Employer CHIP Notice must be provided annually to each employee. Initial Employer CHIP Notice must be provided by later of (1) first day of first plan year after February 4, 2010 or (2) May 1, 2010 (For calendar year plans, notice must be provided by January 1, 2011).

7

- APPLICABLE PLANS** Group health plans
- REQUIREMENT** **Notice of Special Enrollment Rights** — Plan administrator must provide notice to participants of HIPAA special enrollment rights.
- DUE DATE** On or before participant is offered enrollment in the group health plan. DOL model language is available.

8

- APPLICABLE PLANS** Group health plans
- REQUIREMENT** **General Notice of Preexisting Condition Exclusion** — If plan has a preexisting condition exclusion, plan administrator or health insurer must provide written notice to participants and covered dependents of existence and terms of any exclusion and the rights of individuals to demonstrate creditable coverage, including rights of individuals to request a certificate of creditable coverage from a prior health plan or health insurer. Also a statement that the current plan will assist in obtaining a certificate from any prior plan or insurer, if necessary.
- DUE DATE** With enrollment materials or, if no enrollment materials are distributed, by earliest date following request for enrollment.

9

- APPLICABLE PLANS** Group health plans
- REQUIREMENT** **Individual Notice of Period of Preexisting Condition Exclusion** — If a preexisting condition exclusion is imposed, plan administrator or health insurer must provide written notice of determination regarding the length of preexisting condition exclusion period that applies to an individual, including the reason for the determination, an explanation of the opportunity to present additional proof of creditable coverage and the remaining preexisting condition exclusion period that will apply to the individual.
- DUE DATE** Within a reasonable time following the determination that a preexisting condition exclusion will be imposed.

10

- APPLICABLE PLANS** Group health plans
- REQUIREMENT** **Michelle's Law** — Requires extended coverage for post-secondary education students on medical leave.
Plan Administrator or health insurer must include in any notice regarding student status certification and describe rights to continued coverage.
- DUE DATE** Effective for plan years beginning on or after October 9, 2009 and to medical leaves beginning during that year, whenever notice of student status certification is provided.

11

- APPLICABLE PLANS** Group health plans that provide maternity or newborn infant coverage
- REQUIREMENT** **Notice of Coverage Relating to Hospital Length of Stay in Connection with Childbirth** — Plan administrator or health insurer must provide notice in SPD to participants that describes any requirements under both federal and state law regarding the minimum length of a hospital stay in connection with childbirth.
- DUE DATE** Within SPD time frame.

12

- APPLICABLE PLANS** Group health plans that provide for mastectomy benefits
- REQUIREMENT** **Women's Health and Cancer Rights Act (WHCRA) Notices** — Plan administrator must distribute to participants and beneficiaries a description of benefits under the WHCRA and any deductibles and coinsurance limits applicable to such benefits.
- DUE DATE** Upon initial enrollment in the plan and annually thereafter. The DOL has published sample language for notice.

13

APPLICABLE PLANS Group health plans subject to Title 1 ERISA

REQUIREMENT **Mental Health Parity and Addiction Equity Act of 2008**

Beginning plan years effective on or after October 3, 2009 group health plans must apply the same treatment limits on mental health and substance-related disorder benefits as they do for medical and surgical benefits (parity requirement).

DUE DATE Plan documents (e.g. SPD, SMM) need to be updated per guidelines.

14

APPLICABLE PLANS Plans of covered companies

REQUIREMENT **Family Medical Leave Act (FMLA) General, Eligibility, Designation Notice**

FMLA Poster titled “Employee Rights and Responsibilities” should be posted at every facility in the area where all other government postings and/or Company announcements are posted and where Employees and applicants may view the poster.

FMLA General Notice – Informs employees in companies with 50 or more employees of their rights to take leave for family or medical emergencies.

FMLA Eligibility Notice – Informs the employee of eligibility for FMLA and requests submission of evidence so that qualification can be determined and an FMLA Designation Notice can be issued. Notice also describes consequences for failing to provide evidence supporting FMLA request.

FMLA Designation Notice – Informs the employee whether or not the FMLA leave has been qualified for usage. Can be issued with the FMLA Eligibility Notice if evidence is submitted at the same time the FMLA leave is requested.

DUE DATE **FMLA General Notice** – Publicly posted and distributed annually and should be included in employee handbook.

FMLA Eligibility Notice – Within five days of leave request or when employer learns that an employee’s leave may be for a FMLA qualifying reason.

FMLA Designation Notice – Earlier of five days from determination of whether or not the leave is qualified as FMLA leave and when the leave period ends.

15

APPLICABLE PLANS Group health plans

REQUIREMENT **Notice of Continuation of Health Coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA)** — Plan administrator must provide notice to participants and spouses upon initial enrollment of their right to continue self-paid health coverage, and notice to qualified beneficiaries after a qualifying event. Also, notice to COBRA participants of change in premium, when applicable. Notice must include applicable American Recovery and Reinvestment Act (ARRA) subsidy language for qualified events through February 28, 2010 (Note: Date may be extended).

DUE DATE General Notice (or Initial Notice) — generally within 90 days of when coverage begins (participants and spouses only); Election Notice (or Notice of Qualifying Event) to specific qualified beneficiary — within 14 days after plan administrator is notified of a qualifying event in relation to that qualified beneficiary. Requirement allows up to 44 days after qualifying event or loss of coverage to provide notice, where employer and the plan administrator are the same. Premium change notice — prior to its effective date.

16

- APPLICABLE PLANS** Group health plans
- REQUIREMENT** **Notice of Unavailability of Continuation Coverage under COBRA** — Plan administrator must provide notice to qualified beneficiaries that have sent a qualifying event notice to the plan administrator of the reasons why they are not entitled to COBRA coverage.
- DUE DATE** Generally 14 days after receipt of notice of a qualifying event, or where the employer is also the administrator, 44 days after notice of qualifying event.

17

- APPLICABLE PLANS** Group health plans
- REQUIREMENT** **Notice of Termination of Continuation Coverage** — Plan Administrator must provide notice to qualified beneficiaries that their COBRA coverage is terminating early (*i.e.* before the end of the maximum coverage period).
- DUE DATE** As soon as possible after administrator’s determination that continuation coverage shall terminate early. May be combined with a HIPAA certificate of creditable coverage.

18

- APPLICABLE PLANS** Group health plans
- REQUIREMENT** **Notice of Insufficient Payment of COBRA Premium** — Plan administrator must provide notice to qualified beneficiary that payment for COBRA continuation coverage was less (but not “significantly less”) than the correct amount.
- DUE DATE** Plan must provide reasonable period of time (30-day grace period) to correct the deficiency before terminating COBRA.

19

- APPLICABLE PLANS** Insurers, TPAs and self-insured, self-administered group health plans
- REQUIREMENT** **Medicare Secondary Payer (MSP) Data Reporting Requirements** — Insurers, TPAs and self-insured, self-administered group health plans must report required information about any participants or beneficiaries who are also Medicare enrollees for the purpose of enforcing Medicare Secondary Payer rules to the Secretary of HHS. The Secretary of HHS specifies the form and manner, including frequency, of the required reports. Effective January 1, 2010 penalty for RRE (Responsible Reporting Entity) for failure to report a covered payment for a Medicare eligible claimant is \$1,000 per day it fails to report the payment.
- DUE DATE** Ongoing.

20

- APPLICABLE PLANS** Group term basic life
- REQUIREMENT** **Imputed Income – Taxable Cost of Group Term Life over \$50,000** — Notice must be given on participant’s W-2 form when group term life coverage paid for the employer exceeds \$50,000.
- DUE DATE** 30 days after tax year ends.

21

APPLICABLE PLANS Group optional life

REQUIREMENT **Imputed Income – Taxable Cost of Employee Pay All “Optional” Group Term Life (Under Certain Circumstances)** — Notice must be given on participant’s W-2 form when Employee Pay All Group Term Life (also known as Optional Life or Voluntary Life) rates “straddle” IRS Table I. “Straddling” occurs when at least one employee pays more than the IRS Table I rate while another pays less. If the plan straddles Table I rates, employees who pay less than Table I rates will be subject to imputed income.

DUE DATE 30 days after tax year ends.

22

APPLICABLE PLANS Group dependent life

REQUIREMENT **Imputed Income – Taxable Cost of Employee Pay All Dependent Life Insurance (Under Certain Circumstances)** — Notice must be given on participant’s W-2 form when Employee Pay All Dependent Life rates are lower than IRS Table I rates.

DUE DATE 30 days after tax year ends.

23

APPLICABLE PLANS All benefit plans

REQUIREMENT **Imputed Income – Taxable Cost of Domestic Partner Benefits** — Health insurance coverage or other non-cash benefits attributable to a domestic partner will be considered gross income to the employee unless the domestic partner meets the definition of a dependent of the employee for IRS purposes. The imputed income resulting from domestic partner coverage provided is deemed to be wages reported on an employee’s Form W-2. The employer must withhold for federal Social Security (FICA), un-employment (FUTA), Medicare and income taxes on the value of those benefits.

DUE DATE Imputed Income - 30 days after tax year ends.

24

APPLICABLE PLANS All benefit plans

REQUIREMENT **Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)** Employer must provide notice describing the right to benefits and the obligations of both employees and employers when an employee is subject to a military obligation. The notice must be posted in a place that the employer usually places notices for employees to see and must remain posted. The Department of Labor has issued regulations and sample language and also has a poster available for use.

DUE DATE Posted at all times.

25

APPLICABLE PLANS Group health plans

REQUIREMENT **Medical Child Support Order (MCSO)** — MCSO Notice from the plan administrator must provide the court with the plan’s procedures for determining the qualification of an individual for coverage. A separate notice must be issued that indicates whether or not the MCSO is qualified to provide coverage.

DUE DATE Reasonable period after receipt of court order.

26

- APPLICABLE PLANS** All benefit plans subject to Title I of ERISA
- REQUIREMENT** **Plan Documents** — Plan administrator must distribute to plan participants and beneficiaries copies of plan and trust instruments, most recent annual report and any collective bargaining agreements, contracts or other instruments under which the plan is established or operated.
- DUE DATE** Plan administrator must make available for inspection at the principal office of the administrator. Copies must be furnished within 30 days after a written request.

27

- APPLICABLE PLANS** All benefit plans subject to Title I of ERISA
- REQUIREMENT** **Summary Plan Description (SPD)** — Plan Administrator must distribute to participants a summary of plan provisions and certain standard language as required by ERISA.
- DUE DATE** For new plans, 120 days after the plan’s effective date; for amended plans, once every five years; for all other plans, once every 10 years. New participants must receive within 90 days of becoming a participant.

28

- APPLICABLE PLANS** All benefit plans subject to Title I of ERISA
- REQUIREMENT** **Summary of Material Modifications (SMM)** — Plan administrator must distribute to participants summary of changes in any information required in SPD.
- DUE DATE** Within 210 days after end of plan year in which modification is adopted unless a revised SPD containing the modification was distributed. To new participants, within 90 days.

29

- APPLICABLE PLANS** Group health plans subject to Title I of ERISA
- REQUIREMENT** **Summary of Material Reduction in Covered Services or Benefits** — Plan administrator must distribute to participants summary description of modification or change that would be considered by the average plan participant to be an important reduction in covered services or benefits.
- DUE DATE** Not later than 60 days after the adoption of the modification or change, or at regular intervals of not more than 90 days.

30

- APPLICABLE PLANS** All benefit plans subject to Title I of ERISA
- REQUIREMENT** **Summary Annual Report (SAR)** — Plan administrator must distribute to participants narrative summary of financial information reported on Form 5500 and statement of right to receive annual report.
- DUE DATE** Later of nine months after plan year ends or, where an extension of time has been granted by the IRS, two months after Annual Report is due.

31

- APPLICABLE PLANS** All benefit plans (exceptions for certain welfare arrangements of non-multiemployer plans, certain apprenticeship plans and certain dependent care assistance plans).
- REQUIREMENT** **Form 5500 Series or 5500SF (Annual Return/Report of Employee Benefit Plan)** — Form must be filed with EBSA by plan administrator and provided to participant upon written request.
- DUE DATE** Within seven months after end of plan year unless extension is received by filing Form 5558 before due date. There are various IRS and DOL penalties for failure to file on time. Electronic filing of Form 5500 will be required for plan years beginning on or after January 1, 2009.

32

- APPLICABLE PLANS** Insured benefits only (one Schedule A for each insurance policy)
- REQUIREMENT** **Schedule A** — (Insurance Information) For each insurance policy. Plan Administrator must file form with EBSA and provide to participants upon written request.
- DUE DATE** Same due date as Form 5500 Series. Attach to Form 5500.

33

- APPLICABLE PLANS** All benefit plans except certain small welfare plans
- REQUIREMENT** **Schedule C** — (Service Provider Information) Plan Administrator must file form with EBSA and provide to participants upon written request.
- DUE DATE** Same due date as Form 5500 Series. Attach to Form 5500 only.

34

- APPLICABLE PLANS** All benefit plans that have assets with a DFE
- REQUIREMENT** **Schedule D** — (DFE/Participating Plan Information) Form for reporting information about direct filing entities (DFEs) and participating plans. Plan Administrator must file form with EBSA and provide to participants upon written request.
- DUE DATE** Same due date as Form 5500 Series. Attach to Form 5500 or Form 5500SF.

35

- APPLICABLE PLANS** All benefit plans except small plans
- REQUIREMENT** **Schedule G** — (Financial Transaction Schedule) To be completed if at least one item, 4a-d of Schedule H, is answered "yes." Plan Administrator must file form with EBSA and provide to participants upon written request.
- DUE DATE** Same due date as Form 5500 Series. Attach to Form 5500.

36

- APPLICABLE PLANS** All benefit plans except small plans (exception for fringe benefit plans)
- REQUIREMENT** **Schedule H** — (Financial Information)
For large plans (100 or more participants)
Plan Administrator must file form with EBSA and provide to participants upon written request.
- DUE DATE** Same due date as Form 5500 Series. Attach to Form 5500.

37

- APPLICABLE PLANS** Small welfare plans (exception for fringe benefit plans)
- REQUIREMENT** **Schedule I** — (Financial Information)
For small plans (fewer than 100 participants)
Plan Administrator must file form with EBSA and provide to participants upon written request.
- DUE DATE** Same due date as Form 5500 Series. Attach to Form 5500.

38

- APPLICABLE PLANS** Small welfare plans (exception for fringe benefit plans)
- REQUIREMENT** **Form 5558** — (Application for Extension of Time)
Annual Return/Report (Form 5500 or Form 5500EZ) extension request, if necessary (maximum 2 1/2 months)
Plan Administrator must file form with IRS.
- DUE DATE** Before deadline for filing Form 5500 Series.