









▶ 2017 Health & Group Benefits Annual Compliance Calendar/Checklist

 FORMS	 RECIPIENTS	 DEADLINE	 INFORMATION
TRANSITIONAL REINSURANCE FEE (2016)	Health & Human Services	JANUARY 17 Pay either total fee of \$27/per person per year or partial fee of \$21.60 per person per year	Applies to self-insured major medical plans that provide minimum value (carriers remit for fully insured plans) Must have already scheduled applicable payment by Nov. 15, 2016
FORM W-2 COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	Employees	JANUARY 31	Currently does not apply to employers who issued less than 250 W-2s in preceding calendar year
FORMS 1095-B MINIMUM ESSENTIAL COVERAGE (6055)	Employees	MARCH 2	Applies to self-insured (carriers are responsible for fully insured)
FORMS 1095-C APPLICABLE LARGE EMPLOYERS (6056)	Employees	MARCH 2	Applies to all entities within the applicable large employer group Self-insured should complete all 3 parts of Form 1095-C to satisfy 6055 and 6056 reporting obligations Fully insured should complete parts I and II of Form 1095-C (carriers responsible for 6055 reporting)
FORMS 1095-B AND 1094-B MINIMUM ESSENTIAL COVERAGE (6055)	Internal Revenue Service	FEBRUARY 28 OR MARCH 31 if filing electronically If 250+ information returns, electronic filing required	Applies to self-insured (carriers are responsible for fully insured)
FORMS 1095-C AND 1094-C APPLICABLE LARGE EMPLOYERS (6056)	Internal Revenue Service	FEBRUARY 28 OR MARCH 31 if filing electronically If 250+ information returns, electronic filing required	Applies to all entities within the applicable large employer group Self-insured should complete all 3 parts of Form 1095-C to satisfy 6055 and 6056 reporting obligations Fully insured should complete parts I and II of Form 1095-C (carriers responsible for 6055 reporting)
NOTICE OF BREACH OF UNSECURED PROTECTED HEALTH INFORMATION (IF APPLICABLE)	Health & Human Services (for breaches involving fewer than 500 individuals)	FEBRUARY 28 to HHS without reasonable delay to participants—maximum 60 days after discovery of breach of unsecured protected health information	Due to HHS within 60 days after the calendar year in which the breaches occurred





*Assumes plan year is calendar year

NOTE: If the deadline date falls on a weekend or holiday, then the actual deadline will be the next date that does not fall on a weekend or holiday. *Events and circumstances may require other notices not included in this list.*

			
FORMS	RECIPIENTS	DEADLINE	INFORMATION
MEDICARE PART D CREDITABLE COVERAGE DISCLOSURE	Center for Medicare & Medicaid Services	MARCH 1* 60 days after the beginning of the plan year	Form available from CMS
SUMMARY OF MATERIAL MODIFICATION (SMM)	Plan participants, including COBRA beneficiaries and retirees, if applicable	JULY 28* Within 210 days after the end of the plan year in which the change is adopted	Can be distributed during open enrollment
FORM 5558 APPLICATION FOR EXTENSION OF TIME	Internal Revenue Service	JULY 31* Last day of 7th month after end of plan year	To obtain extension to file Form 5500
FORM 5500 ANNUAL REPORT	Department of Labor	JULY 31 OR OCTOBER 15* Last day of 7th month after end of plan year unless 2½ month extension has been granted	Plans with less than 100 participants on first day of plan year are exempt (unless plan is funded)
PCORI FEE IRS FORM 720 (2016)	Internal Revenue Service	JULY 31 Fee is \$2.17 per covered life for plan years ending Jan–Sept 2016 and fee of \$2.26 per covered life for plan years ending Oct–Dec 2016	Applies to self-insured (carriers are responsible for fully insured)
SUMMARY ANNUAL REPORT (SAR)	Plan participants, including COBRA beneficiaries and retirees, if applicable	SEPTEMBER 30 OR DECEMBER 15* (if 5500 deadline extended) Within 9 months after end of plan year or if Form 5500 filing date was extended, 2 months after extended due date to file 5500. Within 30 days of request.	Self-funded plans are exempt
MEDICARE PART D CREDITABLE COVERAGE NOTICE	Medicare-eligible participants and beneficiaries	OCTOBER 15 Notice may be provided prior to deadline	Applicable to health plans that provide prescription drug coverage to Medicare Part D-eligibles
SUMMARY OF BENEFITS AND COVERAGES (SBC)	Plan participants and beneficiaries including COBRA beneficiaries	NOVEMBER 1 (commonly used date for beginning of open enrollment for calendar year plans). Provided with enrollment materials and upon renewal; within 90 days of the enrollment of special enrollees; within 7 days of request.	DOL Template available Issue with SPD





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TRANSITIONAL REINSURANCE FEE (2016)	Health & Human Services	NOVEMBER 15 Pay second installment fee of \$5.40 per person per year	Applies to self-insured major medical plans that provide minimum value (carriers remit for fully insured plans)
NO SPECIFIC DEADLINE			
PLAN DOCUMENT	Plan participants, including COBRA beneficiaries and retirees, if applicable	No affirmative obligation to distribute; however, must do so within 30 days of request	Needs to be in place and available for review and copying at specified company location during business hours
SUMMARY PLAN DESCRIPTION (SPD)	Plan participants, including COBRA beneficiaries and retirees, if applicable	Within 90 days of Plan coverage Updated SPD must be issued every 5 years if Plan amended; otherwise every 10 years	Must be written in both comprehensive and understandable manner
GENERAL NOTICE OF COBRA RIGHTS	Affected participants and other qualified beneficiaries	Upon commencement of group health plan coverage Within 90 days of coverage of new spouse	Model DOL Notice available May be included in the SPD if properly distributed under SPD and COBRA initial notice rules Be aware of state "mini-COBRA" laws
DISCLOSURE OF EXTERNAL REVIEW	Plan participants and beneficiaries, including COBRA beneficiaries	Provided with SPD or similar benefit descriptions	
PATIENT PROTECTION NOTICE FOR NON-GRANDFATHERED PLANS	Participants and beneficiaries receiving COBRA benefits	Provided in SPD or similar description of benefits	Model Notice available Only applies to plans that require designation of primary care provider Applicable to non-grandfathered group health plans that require designation of a primary care provider
NOTICE REGARDING PRIMARY CARE PROVIDER DESIGNATION (IF APPLICABLE)	Participants	Provided with SPD or similar benefit descriptions	DOL model language available Primary care provider, pediatrician, and OB/GYN
CHIPRA NOTICE	Employees	Annual distribution required	Employer obligation; applies if benefits available under state law Model Notice available from DOL Suggest bundling with SPD

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 FORMS	 RECIPIENTS	 DEADLINE	 INFORMATION
MEDICAL CHILD SUPPORT ORDER (MCSO) NOTICE	Participants and beneficiaries, including COBRA, retirees, etc. Also, any participant and child (and his/her representative) named in MCSO	Upon receipt of MCSO Upon determination of whether MCSO is a qualified MCSO (QMCSO)	In addition, include MCSO procedures in SPD
MICHELLE'S LAW	Participants and beneficiaries	Include with any description of eligibility based on student status	Less of an issue given PPACA rules regarding coverage of children until age 26 Include in SPD
NEWBORNS' ACT-DESCRIPTION OF RIGHTS	Participants		Include in SPD
WOMEN'S HEALTH AND CANCER RIGHTS ACT	Participants and beneficiaries	Upon enrollment and annually	Include in SPD
GRANDFATHERED PLAN STATUS NOTICE	Participants and beneficiaries receiving COBRA benefits	In any summary of benefits for as long as plan maintains such status	Model Notice available Include in SBC
NOTICE OF HEALTH COVERAGE OPTIONS AND AVAILABILITY OF EXCHANGE	New Employees	Within 14 days of hire	Model Notice available
NOTICE OF BREACH OF UNSECURED PROTECTED HEALTH INFORMATION (IF APPLICABLE)	Health & Human Services, media and participants (for breaches involving 500 or more individuals)	Without reasonable delay—maximum 60 days after discovery of a breach of unsecured protected health	

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