Scheduled Annual Compliance			
Item	**Description**	**Trigger**	**Due By (specific date if applicable)**
W-2	Forms must be sent to employees for previous calendar year's coverage.	Annual tax document to employees	31-Jan
1094 B and C	Transmittal of Employer Provided Health Insurance Offer and Coverage Information Returns- this is how employers send 1095 forms to the IRS.	1095 cover letter to IRS	01/31 if filing electronically
1095B	The 1095-B form satisfies 6055 reporting and is mailed to individuals by the insurer to report minimum essential coverage. The form details the type of coverage, the months of the year the coverage was provided and the names of those covered by the plan.	Employers with <50 employees	03/2 if filing electronically
1095C	This form satisfies 6056 requirements which state that all Applicable Large Employers (ALE's) must provide certain information regarding the health coverage they offered to each full time employee.	Employers with >50 employees	03/2 if filing electronically
Disclosure to CMS (centers for Medicare/Medicaid services)	This disclosure requirement applies when an employer sponsored group health plan provides prescription drug coverage to individuals who are eligible for coverage under Medicare Part D.	Annual report to the IRS	1-Mar
Discrimination Testing of Cafeteria Plan	A cafeteria plan is subject to certain non-discrimination rules under IRC Section 125. Those rules generally prohibit a cafeteria plan from discriminating in favor of highly compensated individuals as to plan eligibility and benefits.	Annual notice to the IRS	Final day of plan year.
Comparitive Effectiveness Research Fee/PCORI	All plans must pay the Comparatie Effectiveness Research Fee (CERF) of 2.45 per average covered life (for 2019). For self-insured plans, the fee is built into rates; for fully insured plans, employers pay the fee and must calculate and submit using form 720. This pays for the Patient-Centered Outcomes Research Institute, which funds research projects in areas of evidence based medicine with the goal to advance quality of care. Mandate expires 11/01/2019	Annual fee paid to the IRS	31-Jul
Form 5500 Series (Annual Return/Report of Employee Benefit Plan) and Schedules	Annual report filed by Employers subject to ERISA and IRC for purposes of providing plan information to DOL, IRS and PBGC. Filing requirements vary with type and size of plan. A short form is available for plans with fewer than 100 participants as of first day of plan year that are exempt from financial audit requirements, are fully invested in certain secure investments and hold no employer stock. Only certain schedules are required to be filed with Form 5500-SF.	Annual report sent to IRS and DOL	The Form 5500 must be filed no later than the last day of the calendar month following the seventh calendar month following the end of the plan year.
Form 5558	If an extension for filing forms in the 5500 series is needed, form 5558 must be filed.	If an extension on 5500 reporting is required	31-Jul
Women's Health and Cancer Rights notice	(WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must also provide coverage for certain services relating to the mastectomy. Required coverage includes all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, and treatment of physical complications of the mastectomy, including lymphedema.	Annual notice sent to employees	New hires and open enrollment
CHIP (children's health insurance program) notice	The CHIP Notice must be sent annually to each employee who is or might become eligible for employer group health benefits. The CHIP Notice informs eligible employees of their possible right to receive financial assistance through Medicaid and the Children's Health Insurance Program (CHIP) to pay for premiums for health coverage under the employer's plan, if such assistance is currently available in the states in which employees reside. You can include this annual notice as part of your Open Enrollment packet.	Annual notice sent to employees	Open enrollment
Grandfathered Plan notice	Notice of special enrollment rights, grandfathered plan notice.	Annual notice sent to employees on Grandfathered Plans	New hires and open enrollment
COBRA (Consolidated Omnibus Budget Reconciliation Act) initial notice	Notice to participants and spouses, upon initial enrollment, of their right to continue self-paid health coverage if terminated.	New Hire	Within 90 days of when new coverage begins
COBRA Notice of continuation of Health Coverage	Notice to qualified beneficiaries of their right to continue self-paid health coverage after a qualifying event. Also, notice to COBRA participants of change in premium, when applicable.	New Enrollment in plan or loss of coverage (within 14 days of plan administrator being notified of qualifying event).	Election Notice to specific qualified beneficiary must be sent 44 days from the date coverage is lost; Premium Change Notice must be sent prior to its effective date
Notice of Termination of Continuation Coverage	Notice to qualified beneficiaries that their COBRA coverage is terminating early. (i.e., before end of maximum coverage period)	Determination of early termination from Cobra coverage	As soon as practicable following administrator's determination that continuation coverage shall terminate early.

HIPPA (Health Insurance Portability and Accountability Act) Notice of Privacy Practices for Protected Health Information (PHI)	Notice to participants describing their rights, plan's legal duties with respect to Protected Health Information and plan's uses and disclosures of PHI.	New/Open enrollment	New hires and open enrollment
Notice to employees of coverage options- FLSA (Fair Labor Standards Act)	To help support administration of Marketplace coverage, Applicable Large Employers must provide a one-time Notice of Coverage Options to all employees (even part time employees & regardless of whether or not coverage is offered.) Employers should make this notice a part of their new-hire process.	Annual notice sent to employees	Within 14 days of new hire
SAR (Summary Annual Report) sent to participants	Form 5500 information used to create a Summary Annual Report, which can be distributed to participants in-person, via email or via post mail. If sent electronically, the plan administrator must provide advance notice the summary annual report will be sent electronically and offer the recipient a free paper copy.	Annual notice sent to employees	Open enrollment
SBC- Summary of Benefits and Coverage	Plans must provide a summary of plan benefits, coverage and cost sharing arrangements. This includes exceptions, reductions, limitations and continuation of coverage (COBRA) information. This notice, not to exceede four double-sided pages, must be provided in addition to all other notices; SPD (Summary Plan Description), SMM (summary of material modifications), and SMR (summary of material reduction in covered services/benefits)	New/Open enrollment	Open enrollment
SPD (Summary Plan Description)	A SPD is the main vehicle for communicating plan rights and obligations to participants and beneficiaries. As the name suggests, it is a summary of the material provisions of the plan document, and it should be understandable to the average participant of the employer	Annual notice sent to employees	Open enrollment
Summary of Material Modifications	Summary of plan changes adopted in prior year	**In event of changes to a plan**	**Within 210 days after the end of the plan year in which the material modification was adopted**
Notice of change to SBC	If a health plan makes any material modification in any terms of the plan that would affect content of the SBC outside of renewal or reissuance of coverage, plan issuer must provide notice of modification.	**In event of changes to a plan during the plan year**	**No later than 60 days prior to date on which modification will become effective**
Notice of Creditable Coverage *	Written notice stating whether a group health plan's prescription drug coverage is, on average, at least as good as standard prescription drug coverage under Medicare Part D.	**Eligibiligy for Medicare or a change in coverage to that which is not creditable.**	**Prior to OE for Part D, which is 10/15-12/7, or an individuals personal enrollment window for new Part D eligibility.**
Medicare Part D Retiree Drug Subsidy Reconciliation	a subsidy which allows employers to maintain their plan structure while providing additional coverage to members over 65. this must be applied for each year if a company wishes to use it.	**The decision to apply for the subsidy.**	**1-Apr**
Form M-1	This annual report is used to document information concerning a Multiple Employer Welfare Arrangement (MEWA). A multiple employer welfare arrangement is when a group of employers pool their contributions in a self-contributing benefits plan for their employees. The employers make contributions into the plan based on the number of employees they have and the estimated costs associated with each employee. MEWAs are a way for smaller companies to offer employee benefits outside of the government-run health insurance exchanges by sharing risk.	**Annual notice to employees who are part of a MEWA**	**1-Mar**
Reasonable Alternative Standards disclosures for wellness programs	Plans must disclose (in all plan materials that describe health-contingent wellness programs) the availability of a reasonable alternative standards to qualify for wellness program's reward.	**Participation in a wellness program**	**Include in SPD, enrollment materials and other materials describing terms of wellness program**
EEOC wellness notice	Employers that offer wellness programs that collect employee health information must provide a notice to employees informing them what information will be collected, how it will be used, who will receive it and what will be done to keep it confidential.	**Participation in a wellness program**	**Include in SPD, enrollment materials and other materials describing terms of wellness program**
Patient Protection Provider Choice notice	Group health plans that require or allow designation of a primary care provider must notify applicants that they have the right to select a PCP	**Annual notice sent to employees**	**31-Dec**