

# 2019 Compliance Calendar/Checklist

## Health and Welfare Plans

### Significant Due Dates - Calendar Plan Year & Calendar Employer Tax Year\*

#### January 2019

- 31** Last day to report on Form W-2 to employees the cost of applicable employer sponsored coverage under a group health plan

#### February 2019

- 28** Paper Filing – Last day for applicable large employer member to file one or more Forms 1094-C and to file Form 1095-C for each employee who was a full time employee for any month of the calendar year 2018
- 28** Paper Filing – Last day for person that provides minimum essential health coverage to an individual during calendar year 2018 to file an information return with the IRS reporting the coverage. Filers will use Form 1094-B, Transmittal of Health Coverage Information Returns, to submit Forms 1095-B, Health Coverage, to IRS.
- 28** Notice of Breach of Unsecured Protected Health Information – breaches affecting fewer than 500 individuals. Last day for covered entities to notify HHS of a breach affecting fewer than 500 individuals. (Covered entities must notify affected individuals of such a breach without unreasonable delay and in no case later than 60 days following the discovery of a breach.)

#### March 2019

- 01** Medicare Part D Creditable Coverage Disclosure to CMS – Last day for employers offering prescription drug coverage to Medicare Part D eligible individuals to disclose to CMS whether coverage is creditable prescription drug coverage by submitting a completed online Creditable Coverage Disclosure to CMS Form
- 01** Last day to file electronically with DOL Form M-1 annual report for MEWAs (and certain entities claiming exception) for 2018 (without extension)
- 04** Last day for filers of IRS Form 1095-B, Health Coverage, to furnish a copy of Form 1095-B to the person identified as the “responsible individual” on the form for coverage in 2018
- 04** Last day for an applicable large employer member to furnish a Form 1095-C, Employer-Provided Health Insurance Offer and Coverage, to each of its full-time employees
- 31** Electronic Filing – Last day for an applicable large employer member to file one or more Forms 1094-C and to file a Form 1095-C for each employee who was a full time employee for any month of the calendar year 2018. [IRS 2018 Instructions for Forms 1094-C and 1095-C provide that, while generally the Forms must be filed by March 31 when filing electronically, for calendar year 2018 the Forms are required to be filed by April 1, 2019 when filing electronically.]

- 31** Electronic Filing – Last day for person that provides minimum essential coverage to an individual during calendar-year 2018 to file an information return with the IRS reporting the coverage. Filers will use Form 1094-B, Transmittal of Health Insurance Offer and Coverage Information Returns, to submit Forms 1095-B, Health Coverage, to IRS. [The IRS 2018 Instructions for Forms 1094-B and 1095-B provide that, while generally the Forms must be filed by March 31 (when filing electronically) of the year following the calendar year of coverage, for Forms filed in 2019 reporting coverage provided in calendar year 2018 the Forms are required to be filed by April 1, 2019 when filing electronically.]

### JANUARY

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### FEBRUARY

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### MARCH

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### JUNE

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## JULY

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## AUGUST

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## NOVEMBER

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## DECEMBER

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### May 2019

**15** Last day (unextended deadline) to file Form 990 series for a 2018 VEBA. An automatic filing extension of 6 months may be requested by filing Form 8868 by the due date of the Form 990

### July 2019

**29** Last day to furnish Summary of Material Modifications (SMM) to participants and beneficiaries receiving benefits

**31** Last day to file Form 5500 for 2018 without extension

**31** Last day (unextended deadline) to file Form 5330 and pay excise tax on disqualified benefits under funded welfare plans

**31** Last day (unextended deadline) to file Form 5330 and pay excise tax on certain excess fringe benefits

**31** Last day for plan sponsor of a self-insured plan to file Form 720 and pay the PCORI fee for 2018 plan year

### September 2019

**30** Last day to furnish Summary Annual Report (SAR) for 2018 plan year to participants and beneficiaries if an extension to file Form 5500 was not obtained

### October 2019

**14 Prior to Oct. 15, 2019** - Medicare Part D Creditable Coverage Notice – Employers offering prescription drug coverage to Medicare Part D eligible individuals must notify those individuals whether the offered prescription drug coverage is creditable coverage. Notice must be provided **prior to Oct. 15, 2019**.

**15** Last day to file Form 5500 with extension

### December 2019

**15** Last day (with extension) to furnish Summary Annual Report (SAR) for 2018 plan year to participants and beneficiaries

\*This calendar is designed to provide a general overview of certain key compliance dates and is not meant to indicate all possible compliance dates that may affect your plan. Please note that the "Detailed Information" section on later pages provides additional details and explanation for these summary calendar items. Also, please refer to footnote 1 at the end of this calendar/checklist regarding the due dates in the calendar.

## Other Selected Requirements – No Specific Deadline

### SUMMARY CHECKLIST\*\*

<b>Summary of Benefits and Coverage (SBC)</b>	Group health plans – plan administrators of self-insured plans and plan administrators or insurers of insured health plans must provide summary of benefits and coverage to participants and beneficiaries with enrollment materials and on renewal or reissuance of coverage. Provide to special enrollees no later than date by which an SPD is required to be provided (within 90 days of enrollment). Also provide on request within 7 days.
<b>Summary of Benefits and Coverage – Notice of Modification</b>	If a plan makes a material modification to any plan terms that would affect the content of the most recently provided SBC, the plan must provide notice of the change to participants and beneficiaries no later than 60 days prior to the date on which the modification will become effective. This does not apply to changes that occur in connection with a renewal or reissuance.
<b>Plan Document</b>	Plan administrator must furnish to participants and beneficiaries copies within 30 days of written request. Plan administrator must have copies available for examination at its principal office and certain other locations.
<b>Summary Plan Description (SPD)</b>	Plan administrator must furnish SPD to participants within 90 days of plan coverage. Updated SPD must be issued every 5 years if plan amended; otherwise every 10 years. Plan administrator must furnish copies on written request and must have copies available for examination at its principal office and certain other locations. Must provide copies within 30 days of request.
<b>COBRA Initial Notice</b>	On commencement of group health coverage (and within 90 days of coverage of new spouse) plan administrator must provide written notice to affected participants and other qualified beneficiaries of right to purchase temporary extension of group health coverage.
<b>Disclosure of External Review</b>	Non-grandfathered plans must provide a description of the external review process in (or attached to) the SPD, policy, certificate, or other evidence of coverage provided to participants, beneficiaries or enrollees.
<b>Notice Regarding Primary Care Provider Designation (If Applicable)</b>	If a non-grandfathered plan requires a participant or beneficiary to designate a primary care provider, the plan must provide notice to participants of the terms of the plan or coverage regarding designation of a primary care provider and participants' rights to designate (1) any PCP available to accept the participant; (2) any participating physician who specializes in pediatrics for a child; and that the plan may not require pre-authorization for or referral to a participating OB/GYN. Notice must be provided whenever the plan or issuer provides participants with a SPD or any other similar description of benefits.
<b>CHIPRA Notice</b>	Employer (rather than plan) must inform employees of possible premium assistance opportunities in the state they reside. (Applies if benefits available under state law.) Notice must be furnished annually.

<b>Medical Child Support Order (MCSO) Notice</b>	Plan administrator, on receipt of MCSO, must promptly issue notice (including plan's procedures for determining its qualified status.) Plan administrator must also issue separate notice as to whether the MCSO is qualified within a reasonable time after its receipt. Notification is provided to participants, any child named in an MCSO, and his or her representative.
<b>Michele's Law Notice</b>	With certain exceptions, a group health plan (or health insurer providing coverage in connection with the plan) must include in a notice a description of the Michele's Law for continued coverage during medically necessary leaves of absence. The notice description must be included in any notice regarding a requirement for certification of student status for coverage under the plan.
<b>Newborns' Act Description of Rights</b>	Generally, a group health plan that provides maternity or newborn health coverage must include in the SPD a statement describing any requirements under federal or state law that relate to a hospital length of stay in connection with childbirth. If the federal law applies in some areas in which the plan operates and state law applies in other areas, the SPD should describe the federal or state requirements applicable to each area.
<b>Women's Health and Cancer Rights Act Notice</b>	Generally, group health plans and health insurers that provide coverage for mastectomy benefits must provide notice to participants describing required benefits for mastectomy-related reconstructive surgery, prostheses, and treatment of physical complications of mastectomy. Notice must be furnished upon enrollment and annually.
<b>Grandfathered Plan Status Notice</b>	Group health plans claiming grandfathered status must provide, in any plan materials describing benefits or health coverage for participants or beneficiaries, notice disclosing that the plan is grandfathered and must include contact information for questions and complaints.
<b>Notice of Breach of Unsecured Protected Health Information (for breaches affecting 500 or more individuals)</b>	In the case of a breach of unsecured protected health information affecting 500 or more individuals, covered entities must notify HHS and affected individuals. If the breach affects more than 500 residents of a state or jurisdiction, covered entities must provide notice of the breach to prominent media outlets serving the state or jurisdiction. The notices above must be provided without unreasonable delay and in no case more than 60 days after discovery of a breach of unsecured protected health information. (See "Summary Calendar" entry above for Due Date of February 28, 2019 for breaches affecting fewer than 500 individuals.)

\*\* This summary checklist is designed to provide a general overview of certain selected requirements and is not meant to indicate all possible compliance requirements that may affect your plan. Please note that the "Detailed Information" section on later pages provides additional details and explanations for these summary checklist items.

**2019 Calendar of Significant Due Dates for HEALTH AND WELFARE PLANS**  
**CALENDAR PLAN YEAR AND CALENDAR EMPLOYER TAX YEAR/CHECKLIST**

**DETAILED INFORMATION**

Due Date <sup>1</sup>	Determination of Due Date/Compliance Date	Action Item	Provide to/Other
Jan. 31, 2019	Jan. 31, 2019	Last day to <b>report on Form W-2 to employees the cost of applicable employer-sponsored coverage</b> under a group health plan.	Employees
Feb. 28, 2019	Paper Filing – Generally, Forms 1094-C and 1095-C must be filed by February 28 of the year following the calendar year to which the return relates	Paper Filing – Last day for <b>applicable large employer member to file one or more Forms 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, and to file a Form 1095-C, Employer-Provided Health Insurance Offer and Coverage</b> , for each employee who was a full time employee for any month of the calendar year 2018.	IRS
Feb. 28, 2019	Paper Filing – Generally, Forms 1094-B and 1095-B must be filed with the IRS on before February 28 of the year following the calendar year of coverage.	<p>Paper Filing - Last day for person that provides <b>minimum essential coverage</b> to an individual during calendar year 2018 to file an information return with the IRS reporting the coverage. Filers will use <b>1094-B, Transmittal of Health Coverage Information Returns, to submit Forms 1095-B, Health Coverage</b>, to IRS.</p> <p>Generally applies to self-insured (carriers are responsible for fully insured).</p> <p>If an employer is required to file 250 or more information returns, the employer must file electronically.</p> <p>Employers subject to the employer shared responsibility provisions sponsoring self-insured group health plans generally will report information about the coverage in Part III of Form 1095-C instead of on Form 1095-B.</p>	IRS

Due Date <sup>1</sup>	Determination of Due Date/Compliance Date	Action Item	Provide to/Other
<b>Feb. 28, 2019</b>	<p><u>Notice to HHS</u> - Reports of breaches affecting fewer than 500 individuals are due to the HHS no later than 60 days after the end of the calendar year in which the breaches are discovered.</p> <p><u>Notice to Individuals</u> - notice to affected individuals without unreasonable delay and in no case later than 60 days following the discovery of a breach.</p>	<p><b>Notice of Breach of Unsecured Protected Health Information – breaches affecting fewer than 500 individuals</b> <u>Notice to HHS</u> – covered entities must notify HHS of breaches of unsecured protected health information. If a breach affects fewer than 500 individuals, the covered entity may notify the HHS of such breaches on an annual basis by the deadline indicated.</p> <p><u>Notice to Individuals</u> – covered entities must provide notice of the breach to affected individuals by the deadline indicated.</p> <p>(See Checklist entry below for breaches affecting 500 or more individuals)</p>	<p>HHS</p> <p>Affected individuals</p>
<b>Mar. 1, 2019</b>	60 days after the beginning date of the plan year for which disclosure is provided.	<b>Medicare Part D Creditable Coverage Disclosure to CMS</b> - Employers offering prescription drug coverage to Medicare Part D eligible individuals must <b>disclose to CMS whether the coverage is creditable prescription drug coverage by submitting a completed online Creditable Coverage Disclosure to CMS Form.</b>	CMS (online filing)
<b>Mar. 1, 2019</b>	A completed Form M-1 is required to be filed on or before each March 1 that follows a period for which reporting is required (for MEWAs, filing is required for each calendar year during all or part of which the MEWA is operating).	Last day to <b>file Form M-1</b> annual report for MEWAs (and certain entities claiming exception) for 2018. A one-time extension of time (60 days) to file will automatically be granted if the administrator of the MEWA or ECE requests an extension by following specified procedures.	DOL EBSA (electronic filing required)
<b>Mar. 4, 2019</b>	March 4, 2019 – In IRS Notice 2018-94, the IRS extended the due date from January 31, 2019, to March 4, 2019 for furnishing Form 1095-B to individuals.	Last day for filers of IRS Form 1095-B, Health Coverage, to <b>furnish a copy of Form 1095-B</b> to the person identified as the “responsible individual” on the form for coverage in 2018.	Employees
<b>Mar. 4, 2019</b>	March 4, 2019 – In IRS Notice 2018-94, the IRS extended the due date from January 31, 2019, to March 4, 2019 for furnishing Form 1095-C to individuals.	<p>Last day for an applicable large employer member to <b>furnish a Form 1095-C</b>, Employer-Provided Health Insurance Offer and Coverage, to each of its full-time employees.</p> <p>Self-insured should complete all three parts of Form 1095-C for any employee who enrolls in the health coverage.</p> <p>Fully insured should complete parts I and II of Form 1095-C.</p>	Employees

Due Date <sup>1</sup>	Determination of Due Date/Compliance Date	Action Item	Provide to/Other
<b>Mar. 31, 2019<sup>2</sup></b>	Electronic Filing – Generally, Forms 1094-C and 1095-C must be filed by March 31 of the year following the calendar year to which the return relates.	Electronic Filing – Last day for <b>applicable large employer member</b> to <b>file one or more Forms 1094-C</b> , Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, <b>and to file a Form 1095-C</b> , Employer-Provided Health Insurance Offer and Coverage, for each employee who was a full time employee for any month of the calendar year 2018.	IRS
<b>Mar. 31, 2019<sup>2</sup></b>	Electronic Filing – Generally, the return and transmittal form must be filed with the IRS on or before March 31 of the year following the calendar year of coverage.  If an employer is required to file 250 or more information returns, the employer must file electronically.	Electronic Filing - Last day for person that provides <b>minimum essential coverage</b> to an individual during calendar year 2018 to file an information return with the IRS reporting the coverage. Filers will use <b>Form 1094-B, Transmittal of Health Coverage Information Returns, to submit Forms 1095-B, Health Coverage</b> , to IRS.  Generally applies to self-insured (carriers are responsible for fully insured).	IRS
<b>May 15, 2019</b>	By the 15 <sup>th</sup> day of the 5 <sup>th</sup> month after the organization's accounting period ends.	Last day (unextended deadline) to <b>file Form 990</b> series for a 2018 VEBA. An automatic filing extension of 6 months may be requested by filing Form 8868 by the due date of the Form 990.	IRS
<b>Jul. 29, 2019</b>	Not later than 210 days after the close of the plan year in which the modification or change was adopted.	Last day to furnish <b>Summary of Material Modifications (SMM)</b> for 2018 plan year material modifications or changes in required Summary Plan Description (SPD) information for ERISA welfare plans (with some exceptions). <sup>4</sup>	Plan participants and beneficiaries receiving benefits under the plan
<b>Jul. 31, 2019</b>	Last day of 7 <sup>th</sup> calendar month after end of plan year.	Last day (unextended deadline) to <b>file Form 5500</b> annual report for 2018 for ERISA welfare plans.	File electronically under computerized ERISA Filing Acceptance System (EFAST2) (DOL)
<b>Jul. 31, 2019</b>	Last day of 7 <sup>th</sup> month after the end of the tax year of the employer or other person.	Last day (unextended deadline) to <b>file Form 5330<sup>3</sup> and pay excise tax</b> on disqualified benefits under funded welfare plans under <i>Code section 4976</i> .	IRS
<b>Jul. 31, 2019</b>	Last day of 7 <sup>th</sup> month after the end of the calendar year in which the excess fringe benefits were paid to employees.	Last day (unextended deadline) to <b>file Form 5330<sup>3</sup> and pay excise tax</b> on certain excess fringe benefits under <i>Code section 4977</i> .	IRS

Due Date <sup>1</sup>	Determination of Due Date/Compliance Date	Action Item	Provide to/Other
<b>Jul. 31, 2019</b>	No later than July 31 of the calendar year immediately following the last day of the plan year to which the fee relates.	<p>Last day for plan sponsor of a self-insured plan to <b>file Form 720 and pay the PCORI fee</b> for 2018 plan year.</p> <p>Fee is \$2.45 per covered life for plan years that end on or after October 1, 2018 and before October 1, 2019.</p> <p>Applies to self-insured plans (carriers are responsible for fully insured plans).</p>	IRS
<b>Sep. 30, 2019</b>	9 months after the close of the plan year.	Last day to furnish <b>Summary Annual Report (SAR)</b> for 2018 plan year unless an extension to file Form 5500 was obtained.	Plan participants, including COBRA beneficiaries and retirees, if applicable
<b>Prior to Oct. 15, 2019</b>	Notice must be provided <b>prior to Oct. 15, 2019.</b>	<b>Medicare Part D Creditable Coverage Notice</b> – Employers offering prescription drug coverage to Medicare Part D eligible individuals <b>must notify those individuals whether the offered prescription drug coverage is creditable coverage.</b>	Medicare-eligible participants and beneficiaries
<b>Oct. 15, 2019</b>	<p>The 15<sup>th</sup> day of the 3<sup>rd</sup> month following the Form 5500 normal (unextended) due date (in the case of Form 5558 maximum extension).</p> <p>An extension to Oct. 15, 2019 to file the C corporation employer federal corporate income tax return (where a Form 7004 was filed on or before the due date of the federal corporate income tax return) automatically triggers an October 15, 2019 extension to file Form 5500 if certain conditions are met.</p>	<p>Last day to <b>file Form 5500</b> annual report for 2018 plan year if Form 5558 was filed on or before the normal Form 5500 due date (not including any extensions) and the maximum extension period was requested.</p> <p>Last day to <b>file Form 5500</b> if a C corporation employer plan sponsor filed Form 7004 on or before the due date of its federal corporate tax return for the 6 month automatic extension to Oct. 15, 2019 to file the federal corporate income tax return.</p>	File electronically under computerized ERISA Filing Acceptance System (EFAST2) (DOL)



Due Date <sup>1</sup>	Determination of Due Date/Compliance Date	Action Item	Provide to/Other
<b>Dec. 15, 2019</b>	<p>2 months following the Form 5500 <i>requested</i> due date extension to Oct. 15, 2019.</p> <p>2 months following the Form 5500 <i>automatic</i> due date extension to Oct. 15, 2019.</p>	<p>Last day to <b>furnish Summary Annual Report (SAR)</b> for 2018 plan year if Form 5558 was filed and the maximum extension period to file Form 5500 was requested.</p> <p>Last day to furnish the <b>Summary Annual Report (SAR)</b> for 2018 plan year if C corporation employer plan sponsor filed Form 7004 on or before the due date of its federal corporate income tax return for the 6 month automatic extension to Oct. 15, 2019 to file the federal corporate income tax return.</p>	Plan participants, including COBRA beneficiaries and retirees, if applicable

### Checklist - Other Selected Requirements – No Specific Deadline

Document	Determination of Due Date/Compliance Date	Action Item	Provide to/Other
Summary of Benefits and Coverage	Provide with enrollment materials and on renewal or reissuance of coverage. Also provide to special enrollees no later than the date by which an SPD is required to be provided (within 90 days of enrollment). Also provide on request within 7 days.	<p>Group health plans – plan administrators of self-insured plans and plan administrators or insurers of insured health plans must provide summary of benefits and coverage.</p> <p>DOL template available.</p>	Participants and beneficiaries including COBRA beneficiaries
Summary of Benefits and Coverage – Notice of Modification	Provide no later than 60 days <b>prior</b> to the date on which the modification will become effective.	If a plan makes a material modification to any plan terms that would affect the content of the most recently provided SBC, the plan must provide notice of the change. This does not apply to changes that occur in connection with a renewal or reissuance.	Participants and beneficiaries
Plan Document	No affirmative obligation to distribute; however, must provide a copy within 30 days of request.	Plan administrator must furnish copies upon written request and must have copies available for examination at its principal office and certain other locations.	Participants and beneficiaries

Document	Determination of Due Date/Compliance Date	Action Item	Provide to/Other
Summary Plan Description (SPD)	<p>Provide within 90 days of plan coverage.</p> <p>Updated SPD must be issued every 5 years if plan amended; otherwise every 10 years.</p> <p>Must provide copies within 30 days of request.</p>	<p>Plan administrator must furnish SPD as indicated.</p> <p>Plan administrator must furnish copies upon written request and must have copies available for examination at its principal office and certain other locations.</p>	Participants, including COBRA beneficiaries and retirees if applicable
COBRA Initial Notice	Upon commencement of group health coverage and within 90 days of coverage of new spouse.	Plan administrator must provide written notice of participant's right to purchase temporary extension of group health coverage.	Affected participants and other qualified beneficiaries
Disclosure of External Review	Provide in SPD or other evidence of coverage provided to enrollees.	Non-grandfathered plans must provide a description of the external review process in (or attached to) the SPD, policy, certificate, or other evidence of coverage provided to participants, beneficiaries or enrollees.	Plan participants, enrollees and beneficiaries, including COBRA beneficiaries
Notice Regarding Primary Care Provider Designation (If Applicable)	Notice must be provided whenever the plan or issuer provides a participant with a SPD or any other similar description of benefits.	If a non-grandfathered plan requires participant or beneficiary to designate a primary care provider (PCP), the plan must provide notice of the terms of the plan or coverage regarding designation of a PCP and participants' rights to designate (1) any PCP available to accept the participant; (2) any participating physician who specializes in pediatrics for a child; and that the plan may not require pre-authorization for or referral to a participating OB/GYN.	Participants
CHIPRA Notice	Notice must be furnished annually.	<p>Employer (rather than plan) must inform employees of possible premium assistance opportunities in the state they reside. (Applies if benefits available under state law.)</p> <p>Model notice available from DOL.</p>	Employees

Document	Determination of Due Date/Compliance Date	Action Item	Provide to/Other
Medical Child Support Order (MCSO) Notice	<p>Plan administrator, upon receipt of MCSO, must promptly issue notice (including plan's procedures for determining its qualified status).</p> <p>Plan administrator must also issue separate notice as to whether the MCSO is qualified within a reasonable time after its receipt.</p>	<p>If a MCSO is received by a group health plan, plan administrator must provide notification regarding receipt and qualification determination on the MCSO directing the plan to provide health coverage to a participant's noncustodial children.</p>	<p>Participants, any child named in an MCSO, and his or her representative</p>
Michelle's Law Notice	<p>Notice must be included with any notice regarding a requirement for certification of student status for coverage under the plan. (Often included in the SPD.)</p>	<p>Must include a description of the Michelle's Law provision for continued coverage during medically necessary leaves of absence.</p> <p>Note that under the Affordable Care Act, plans cannot deny or restrict coverage for a child under the age of 26 based on student status.</p>	<p>Participants and beneficiaries</p>
Newborns' Act Description of Rights	<p>Notice must be included in the SPD.</p>	<p>Group health plan that provides maternity or newborn infant coverage - Notice must include a statement describing any requirements under federal or state law that relate to a hospital length of stay in connection with childbirth. If the federal law applies in some areas in which the plan operates and state law applies in other areas, the SPD should describe the federal or state requirements applicable to each area.</p>	<p>Participants</p>
Women's Health and Cancer Rights Act	<p>Notice must be furnished upon enrollment and annually.</p>	<p>Group health plans that provide coverage for mastectomy benefits - Notice describing required benefits for mastectomy-related reconstructive surgery, prostheses, and treatment of physical complications of mastectomy.</p>	<p>Participants</p>
Grandfathered Plan Status Notice	<p>Notice must be included in any plan materials describing the benefits or health coverage (for as long as plan maintains such status).</p>	<p>Group health plans claiming grandfathered status - Notice must disclose the plan is grandfathered and must include contact information for questions and complaints.</p>	<p>Participants and beneficiaries, including COBRA beneficiaries</p>

Document	Determination of Due Date/Compliance Date	Action Item	Provide to/Other
Notice of Breach of Unsecured Protected Health Information (for breaches affecting 500 or more individuals).	Without unreasonable delay and in no case more than 60 days after discovery of a breach of unsecured protected health information.	<p><u>Notice to HHS</u> - If a <b>breach affects 500 or more individuals</b>, covered entities must notify HHS.</p> <p><u>Notice to Media</u> – If a <b>breach affects more than 500 residents of a State or jurisdiction</b>, covered entities must provide notice of the breach to prominent media outlets serving the state or jurisdiction.</p> <p><u>Notice to Individuals</u> – covered entities must provide notice of the breach to affected individuals.</p>	<p>HHS</p> <p>Media</p> <p>Individuals</p>

## ADDITIONAL INFORMATION

Please note that this calendar/checklist is designed to provide a general overview of certain key compliance dates or requirements related to filings, notices, and disclosures for health and welfare plans. It is not meant to indicate all possible compliance dates or requirements that may affect your plan.

While this calendar/checklist focuses on selected filing, notice, and disclosure requirements and due dates, there are other compliance, filing, notice, and disclosure requirements that may apply to health and welfare plans. These may include, for example:

- Nondiscrimination testing requirements;
- HIPAA privacy and security requirements;
- Wellness plan requirements; and
- Mental health parity MHPAEA requirements.

For more information on these requirements or on the entries or requirements in the calendar/checklist above, please contact the Findley consultant with whom you normally work or John Lucas at 615.665.5329, [John.Lucas@findley.com](mailto:John.Lucas@findley.com).

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### Footnotes:

1. *The due dates in the calendar assume: the plan is a single-employer plan; the plan is not a government or non-electing church plan; the plan year is a full calendar year (not a short plan year); and the sponsoring employer uses the calendar year as its tax year and a short tax year is not involved.*
2. *If the filing due date falls on a Saturday, Sunday, or legal holiday, there is effectively an extension of time to the next day that is not a Saturday, Sunday, or legal holiday. Dates appearing in the above table are the unextended dates. In some cases, additional extensions or exceptions may be available for certain entities or situations. [Specifically, the IRS 2018 Instructions for Forms 1094-C and 1095-C and the IRS 2018 Instructions for Forms 1094-B and 1095-B provide that, while generally the Forms must be filed by March 31 when filing electronically, for calendar year 2018 the Forms are required to be filed by April 1, 2019 when filing electronically.]*
3. *To request an extension to file Form 5330, you must file Form 5558 in sufficient time for the IRS to consider and act on the request before the Form 5330's normal due date. An extension of time to file does not extend the time to pay the tax due.*
4. *If the modification or change is a material reduction in covered services or benefits under a group health plan, then the SMM must be furnished no later than 60 days after the date of adoption of the modification or change. However, the administrator of a group health plan is not required to furnish a summary of such material reduction to any participant who would reasonably be expected to receive such summary in connection with a system of communication with participants maintained by the plan sponsor or administrator. The communication system must provide plan information (including changes and modifications) at regular intervals of not more than 90 days and the communication must otherwise meet the applicable disclosure requirements.*