



Required Notices Checklist

	1-19	20-49	50+
SPD and General ERISA Disclosures			
Who Must Apply: Group health plans, as applicable			
Summary Plan Description (SPD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Summary of Material Modifications (SMM) / AND	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Summary of Material Reduction in Covered Services or Benefits			
COBRA (Consolidated Omnibus Budget Reconciliation Act)	1-19	20-49	50+
Who Must Apply:			
Group health plans sponsored by employers with 20 or more employees on more than 50% of their typical business days in the previous calendar year			
General Notice of COBRA Rights		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of Qualifying Event			<input checked="" type="checkbox"/>
Notice of Unavailability of COBRA		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of Underpayment of COBRA Premium		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of Early Termination of COBRA Coverage		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIPAA (Health Insurance Portability and Accountability Act)	1-19	20-49	50+
Who Must Comply:			
Group health plans with 2 or more participants who are current employees			
Notice of Special Enrollment Rights	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wellness Program Disclosure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIPAA Notice of Privacy Practices for Protected Health Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Note: Fully insured group health plans that do not create or receive protected health information (PHI) - other than summary health and enrollment information - are not required to develop this notice.</i>			
HIPAA Notice of Breach of Unsecured Protected Health Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
See note above.			
Special Health Care Notices	1-19	20-49	50+
Who Must Comply: Group health plans (applicability varies depending on specific requirement)			
Women's Health and Cancer Rights Act (WHCRA) Notices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure (sample notice unavailable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employer CHIP Notices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Michelle's Law Notice (no federal sample provided, sample provided for general reference)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice Regarding Newborns' and Mothers' Health Protection Act	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FAQs About Newborn's And Mothers' Health Protection			
Medical Child Support Order (MCSO) Receipt Notice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of Qualification Determination			
National Medical Support (NMS) Notice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Genetic Information Non-Discrimination Act (GINA) Disclosure	15+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ADA Notice Regarding Wellness Program	15+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medicare Part D – Creditable/Non-Creditable Coverage Disclosure Notices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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Health Care Reform (Affordable Care Act or PPACA) Notices			
Who Must Comply: Group health plans with 2 or more participants who are current employees			
Summary of Benefits and Coverage (SBC) Template	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FAQs About ACA Implementations of the SBC provisions			
Health Benefits Advisor Excepted Benefits			
Notice of Modification (changes to Group Health plans) (sample notice unavailable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disclosure of Grandfather Status (grandfathered plans only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ACA Requirements in Loss of Grandfathered Status			
Standard Notice of Transition to ACA Compliant Policies			
Notice of Patient Protections (non-grandfathered plans only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice Regarding Availability of Health Insurance Exchanges (technical release 2013-02)*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice for Employers that Offer a Health Plan			
Notice for Employers that Do Not Offer a Health Plan			
Notice of Rescission of Coverage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient-Centered Outcomes Research Institute (PCORI) Fees (certain self-insured plans)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Form 1094-C Transmittal of Employer Provided Health Insurance Offer and Coverage Information Returns		<input checked="" type="checkbox"/>	
Form 1095-C Employer-Provided Health Insurance Offer and Coverage Employer Reporting Requirements per ACA		<input checked="" type="checkbox"/>	
Form 5500 Annual Reporting	1-19	20-49	50+
Who Must Comply: Employee benefit plans (including employer-sponsored group health plans and retirement plans), unless a specific exemption applies			
Form 5500 Annual Return/Report			100+
Summary Annual Report (SAR)			100+
Schedules to Form 5500			100+
Benefit Claim Notices	1-19	20-49	50+
Who Must Comply: Group health plans, as applicable			
Notice of Benefit Determination (provided by Plan Administrator)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of Adverse Benefit Determination (provided by Plan Administrator)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of Final Internal Adverse Benefit Determination (provided by Plan Administrator)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family and Medical Leave Act (FMLA) Notices	1-19	20-49	50+
Who Must Comply: Group health plans, as applicable			
General FMLA Notice		<input checked="" type="checkbox"/>	
Notice of FMLA Eligibility & Rights and Responsibilities		<input checked="" type="checkbox"/>	
FMLA Designation Notice		<input checked="" type="checkbox"/>	