2016 Health Benefits Notification Chart

Document:	Send or Distribute to:	Filing or Distribution Deadline:
EMPLOYER ANNUAL REPORTING		
W-2 Reporting of Medical Premium	Enrolled employees (if 250 W-2s issued in prior CY)	By 2/1/16 on W-2 Box 12, DD
Form 1095-C	FT employees (if 50+ FTE ees in prior CY)	By 3/31/16
Form 1094-C (Transmittal for 1095-Cs)	IRS (if 50+ FTE employees in prior CY)	By 5/31/16 (paper) & 6/30/16 (electronic)
Disclosure of Creditable Coverage (Rx)	CMS online form	Within 60 days from start of plan year
Form 5500 Return	DOL	By 7 months following end of plan year
Summary Annual Report (SAR)	Enrolled employees & COBRAs	By 9 months following end of plan year
File Form 720 and pay PCORI Fee *	US Treasury/IRS	By 7/31/16
Transitional Reinsurance Fee **	CMS/ Pay to US Treasury via Pay.Gov	By 11/15/16
Cafeteria Plan Nondiscrimination Testing	Maintain in employer files	Pre-test early in plan yr/finalize end of yr
Massachusetts Form 1099-HC	MA residents	By 2/1/16 (carrier)
EMPLOYEE NOTIFICATIONS upon hire, enrollment or at open enrollment		
Health Insurance Marketplace Notice	All new hires	Within 14 days from date of hire
Notice of Creditable Coverage (Rx)	Newly enrolling employees age 65+	Upon enrollment
	Already enrolled employees, COBRAs & retirees	By 10/15 each year
Notice of Special Enrollment Rights	Eligible employees	When employee waives coverage
Summary of Benefits & Coverage (SBC)	Eligible employees	Upon enrollment & during OE
CHIP Notice	Eligible employees	Upon enrollment & during OE
Notice of Privacy Practices for Health FSA	Employees enrolled in Health FSA	Upon enrollment
Initial Notice of COBRA Rights	Enrolled employee & spouse	Within 90 days of enrollment
Summary Plan Description (SPD)	Enrolled employees, COBRAs & retirees	Within 90 days of enrollment
Reminder of Women's HCRA	Enrolled employees, COBRAs & retirees	During OE
Notice of Grandfathered Plan, if applicable	Enrolled employees, COBRAs & retirees	During OE
Reminder of Availability of Privacy Notice	Enrolled employees, COBRAs & retirees	Every 3 years, during OE
EMPLOYEE/DEPENDENT NOTIFICATIONS upon termination of coverage		
COBRA Election Notice	Individuals who lose coverage due to COBRA QE	Within 44 days of notification of QE
Notice of Unavailability of COBRA	Individuals requesting COBRA but do not qualify	Within 44 days of notification of QE
USERRA Continuation of Coverage	Enrolled employees called to active duty	Prior to military leave
COBRA PARTICIPANT NOTIFICATIONS		
Notice of Early Termination of COBRA	COBRA participants with shorter max period	As soon as administratively feasible
EMPLOYEE/DEPENDENT NOTIFICATIONS upon request		
Plan Documents/Contracts/Form 5500 Copy	Enrolled employees, COBRAs & retirees	Within 30 days from request

** self-insured medical plans only (including FSAs with $500+/year in employer contributions and HRA plans)*

*** self-insured medical plans only, not including FSAs or HRAs*

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