

# Benefits Notices: Employers With 1-19 Employees

For companies with **1-19 employees**, this chart provides an overview of key required benefits notices and filings for employers and plan administrators under federal law. Please note that your company may be exempt from certain requirements and/or subject to additional obligations under your state's laws. Employers are encouraged to contact the [U.S. Department of Labor](#) or a knowledgeable employment law attorney for further guidance.

## COVID-19-Related Deadline Extensions

Due to the COVID-19 pandemic, the federal government extended the time to furnish benefit statements and other notices and disclosures required under ERISA, if good faith efforts are made to provide the documents as soon as administratively practicable. These deadlines were initially extended by disregarding an Outbreak Period from March 1, 2020, until 60 days after the announced end of the National Emergency (or such other date announced by the Departments). Under federal law, this period could not exceed one year, meaning that the relief was expected to expire on Feb. 28, 2021.

However, [Disaster Relief Notice 2021-01](#) extends the relief beyond this date in some situations, while emphasizing that plan administrators should continue to make reasonable accommodations to prevent the loss of or delay in payment of benefits. The deadlines for individuals and plans subject to the initial relief are extended until the earlier of:

- One year from the date they were first eligible for relief; or
- 60 days after the announced end of the National Emergency (the end of the Outbreak Period).

On the applicable date, the time frames for individuals and plans with periods that were previously disregarded will resume. In no case will a disregarded period exceed one year. In addition, [IRS Notice 2021-58](#) clarifies the application of the deadline extensions for electing and paying for COBRA coverage.

## Employee Retirement Income Security Act (ERISA) Notices

Notice	Provide To	When Due
<a href="#">Summary Plan Description (SPD)</a>  <i>(Model notice unavailable)</i>	Group health plan participants	Within 90 days after the employee becomes a participant in the plan  An updated SPD must be furnished every 5 years if changes are made to SPD information or the plan is amended (otherwise, it must be furnished every 10 years)
<a href="#">Summary of Material Modifications (SMM)</a>  and  <a href="#">Summary of Material Reduction in Covered Services or Benefits</a>  <i>(Click on the SMM link above for model notices)</i>	Group health plan participants	No later than 210 days after the end of the plan year in which the change is adopted, for material changes to the plan that do not result in a material reduction in covered services or benefits  Within 60 days of adoption of a material reduction in covered services or benefits (alternatively, notice may be provided with plan information that is furnished at regular intervals of not more than 90 days, if <a href="#">certain conditions</a> are met)
		<i>Note: Timely distribution of a "Notice of Modification" (below) may satisfy these</i>

Notice	Provide To	When Due
<u>Plan Documents</u> (e.g., SPD, any SMMs, and other documents under which the plan is established or operated)  <i>(Model notice unavailable—plan documents are specific to each plan)</i>	Group health plan participants & beneficiaries	Copies must be furnished within 30 days of a written request, and the plan administrator must make copies <u>available for examination</u> at its principal office (the DOL can also request any documents relating to the plan)
		requirements.

## Health Care Reform Notices

Notice	Provide To	When Due
<u>Forms 1094-B</u> (Transmittal) and <u>1095-B</u> (Health Coverage)  <i>(Click on the links above for the forms)</i>	Responsible individuals enrolled in <b>self-insured</b> coverage (may be the primary insured, employee, former employee, or other related person named on the application)	<b>Form 1095-B</b> must be furnished to covered individuals <b>30 days</b> from Jan. 31 each year  <b>Forms 1094-B and 1095-B</b> must generally be filed with the IRS by <b>February 28</b> (or <b>March 31</b> , if filing electronically)
<b>Note:</b> For self-insured employers only.  <u>Health Insurance Exchange Notice</u>	All new employees	Within 14 days of an employee's start date
<i>(There is one model notice for employers who offer a health plan to some or all employees, and another model notice for employers who do not offer a plan—click on the link above to access)</i>		Must be provided at specified times during the enrollment process and upon a participant or beneficiary's request, generally as follows:
<u>Summary of Benefits and Coverage (SBC) &amp; Uniform Glossary</u>  <i>(Click on the link above for a list of all available templates and related documents)</i>	Group health plan participants & beneficiaries	<ul style="list-style-type: none"> <li>• <b>Prior to initial enrollment</b> in the plan;</li> <li>• Upon <b>renewal</b> of plan coverage;</li> <li>• <b>Within 90 days</b> of special enrollment; and</li> <li>• <b>Within 7 business days</b> following receipt of a request</li> </ul>

(The SBC may be provided together with other

<b>Notice</b>	<b>Provide To</b>	<b>When Due</b>
<u><a href="#">Notice of Modification</a></u>  <i>(Model notice unavailable)</i>	Group health plan participants & beneficiaries	summary materials such as an SPD, if the SBC information is intact, prominently displayed at the beginning of the materials, and in accordance with the timing requirements for providing an SBC.) No later than 60 days prior to the effective date of a material plan or coverage change that would affect the content of the SBC and that occurs other than in connection with a renewal or reissuance of coverage  <u>Note:</u> A complete & timely notice may also satisfy the requirement to provide an SMM.
<u><a href="#">Disclosure of Grandfathered Status</a></u>  <i>(Click on the link above for model notice)</i>	Group health plan participants & beneficiaries	In any plan materials for a grandfathered group health plan provided to a participant or beneficiary describing the benefits provided under the plan
<u><a href="#">Notice of Patient Protections</a></u>  <i>(Click on the link above for model notice)</i>	Group health plan participants	Whenever a participant in a plan requiring or providing for the designation of a participating primary care provider is furnished an SPD or other similar description of plan benefits
<u><a href="#">Patient-Centered Outcomes Research Institute (PCORI) Fees</a></u>	Filed with the Internal Revenue Service	IRS <a href="#">Form 720</a> must be filed annually by plan sponsors of certain <a href="#">self-insured health plans</a> , no later than July 31st of the calendar year immediately following the last day of the plan year to which a fee applies

## Health Insurance Portability and Accountability Act (HIPAA) Notices

<b>Notice</b>	<b>Provide To</b>	<b>When Due</b>
<u><a href="#">Notice of Special Enrollment Rights</a></u>  <i>(Click on the link above for model notice)</i>	Employees eligible to enroll in the employer's group health plan	At or before the time an employee is initially offered the opportunity to enroll in the plan
<u><a href="#">Wellness Program Disclosure</a></u>  <i>(Click on the link above for model notice)</i>	Group health plan participants & beneficiaries eligible to participate in a <a href="#">health-contingent wellness program</a>	In all plan materials that describe the terms of a health-contingent wellness program (both activity-only and outcome-based wellness programs). For outcome-based wellness programs, this notice must also be included in any disclosure of an individual's failure to satisfy an initial outcome-based standard.  If the plan materials merely mention that a program is available, without describing its terms, this disclosure is not required.
<u><a href="#">Notice of Privacy</a></u>	Individuals enrolled in Fully insured group plans that create or receive	

<b>Notice Practices</b>	<b>Provide To the plan</b>	<b>When Due</b>
<b>(Click on the link above to download model notices in 4 different formats)</b>		PHI in addition to summary health information and enrollment information must maintain a notice and provide it to any person upon request. Other health plans must provide the notice as follows:
<b>Note:</b> 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.		<p><b>To new enrollees:</b> At the time of enrollment</p> <p><b>To individuals covered by the plan:</b> Within 60 days of a material revision to the policy (special rules apply for website notice postings)</p> <p>A health plan also must notify individuals covered by the plan of the availability of, and how to obtain, the notice at least once every 3 years, and make it available to any person who asks for it.</p>

## Special Health Care Notices

<b>Notice</b>	<b>Provide To</b>	<b>When Due</b>
<a href="#"><u>Surprise Billing Notice</u></a>		
<b>Effective for plan years beginning on or after Jan. 1, 2022</b>  <b>(Click on the link above for model notice - two versions are now available.</b> <b>Federal agencies will consider use of either Version 1 or Version 2 to be good faith compliance with respect to plan or policy years beginning on or after Jan. 1, 2022, and before Jan. 1, 2023. However, they will consider use of only Version 2 to be good faith compliance with respect to plan or policy years beginning after Jan. 1, 2023.)</b>	Plan participants, beneficiaries and enrollees	Must be made publicly available, posted on a public website, and included on each applicable explanation of benefits, for plan years beginning on or after Jan. 1, 2022.
<a href="#"><u>Women's Health &amp; Cancer Rights Act (WHCRA) Notices</u></a>  <b>(Click on the link</b>	Group health plan participants & beneficiaries	<b>Note:</b> Insurers can contractually agree to fulfill the disclosure requirement for fully insured plans. Self-insured plans may agree with insurers, TPAs or PBMs to assist in fulfilling these requirements, but the plan must monitor the other party to ensure compliance. A health plan that does not have its own website can satisfy the requirement to post the notice by entering into a written agreement where its issuer or TPA agrees to post the notice on a public website where information is normally made available to plan participants on the plan's behalf.

Notice <i>(above for model notices)</i>	Provide To	When Due
<u>Mental Health Parity &amp; Addiction Equity Act (MHPAEA) Disclosure</u>  <i>(Model notice unavailable)</i>	Any current or potential group health plan participant, beneficiary, or contract provider	Upon request for a plan offering medical/surgical benefits and mental health or substance use disorder benefits
		Note: Certain plans that are <u>exempt from the MHPAEA requirements</u> based on increased cost may be subject to alternative disclosure rules.
<u>Employer Children's Health Insurance Program (CHIP) Notice</u>  <i>(Click on the link above for model notice)</i>	All employees in states with group health plan premium assistance	Annually before the start of each plan year (may be provided with enrollment packets, open season materials, or the SPD)
<u>Michelle's Law Notice</u>	<i>(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)</i>	With any notice regarding a student status certification requirement under a plan that bases coverage eligibility on student status (and that provides dependent coverage beyond age 26)
<u>Newborns' and Mothers' Health Protection Act Notice</u>	Group health plan participants	Must be included in the SPD for a plan providing maternity or newborn infant coverage
<i>(Click on the link above for model notice)</i>		
<u>Medicare Part D Creditable Coverage Disclosure Notice</u> or <u>Non-Creditable Coverage Disclosure Notice</u>	<u>Medicare-eligible individuals</u> (including certain dependents) who are offered prescription drug coverage under the employer's group health plan	Annually prior to October 15th, upon request, and at various <u>other times</u> as required under the law
<i>(Click on the links above for model notices. Word versions unavailable.)</i>		An <u>online disclosure</u> to the Centers for Medicare & Medicaid Services (CMS) is also required annually, no later than 60 days from the beginning of a plan year, and at certain <u>other times</u>
<u>Genetic Information Nondiscrimination Act (GINA) Disclosures</u>	Entities from whom requests for health-related information are made—only applicable to requests by employers with 15 or more employees	Whenever an applicant or employee is sent for a medical examination by an employer with 15 or more employees
<i>(The link above contains model "warning" language</i>		An additional "warning" is required when requests for health-related information are made by employers with 15 or more

Notice <i>from the federal government as well as a sample general disclosure, which may be used for general reference purposes only.)</i>	Provide To  <a href="#"><u>ADA Notice Regarding Wellness Program</u></a>  <i>(Click on the link above for sample notice)</i>	When Due  employees (e.g., to support an employee's request for reasonable accommodation or a request for sick leave), but only if the request for medical documentation is made in a way that is likely to result in receipt of genetic information
<a href="#"><u>Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice</u></a>  <i>(Click on the link above for model notice)</i>	All employees offered participation in a wellness program that collects employee health information—only applicable to employers with 15 or more employees	Must be provided before the employee provides any health information, with enough time for the employee to decide whether to participate in the program
<a href="#"><u>Qualified Small Employer HRA (QSEHRA) Notice</u></a>  <i>(No model notice provided by the federal government.)</i>	All employees	May be posted where employers customarily place notices for employees
<a href="#"><u>Individual Coverage HRA Notice</u></a>  <i>(Click on the link above for model notice)</i>	Eligible employees of employers that had fewer than 50 full-time employees in the preceding calendar year, that do not offer a group health plan, and that fund a QSEHRA	Generally no later than 90 days before the beginning of the year in which the QSEHRA is funded
	Eligible employees that are not offered traditional group health plan coverage	Generally no later than 90 days before the beginning of the Individual Coverage HRA plan year