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2018 Reporting & Disclosure Calendar for Multiemployer Plans

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Other Calendar Formats

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- A webpage can be found at www.segalco.com/publications-videos/2018-reporting-disclosure-calendar-multiemployer-plans/#Multiemployer
- A poster-sized print calendar can be requested by going to http://www.segalco.com/request-printed-2018-rd-calendar-for-multiemployer-plans/#Multiemployer

While the compliance content of each calendar is identical, the information is presented differently. The webpage and this PDF will be updated as needed throughout the year to reflect significant regulatory guidance.

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Requirements Introduced by the Affordable Care Act (ACA)[1]

ITEM & DESCRIPTION	**Disclosure of "Grandfathered" Status[2]** — 26 Code of Federal Regulations (CFR) §54.9815-1251T(a)(2), 29 CFR §2590.715-1251(a)(2) & 45 CFR §147.140(a)(2) A grandfathered plan must include a statement to that effect in any and all materials describing benefits provided under plan to alert participants and beneficiaries that certain consumer protections may not apply. Sample language available[3] at https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf
PLANS AFFECTED?	Grandfathered group health plans
SENT TO/FILED WITH?	Sent to participants and beneficiaries receiving benefits. No filing requirement
SENT BY?	Plan administrator or health insurer
WHEN DUE?	Notice must be provided in any and all materials describing benefits.

ITEM & DESCRIPTION	**Disclosure of Patient Protections: Choice of Providers** — 26 CFR §54.9815-2719AT(a)(4), 29 CFR §2590.715-2719A(a)(4) & 45 CFR §147.136(a)(4) A non-grandfathered plan that requires designation of a primary care provider (PCP) must provide notice of right to choose a PCP, pediatrician or network provider specializing in obstetrical or gynecological care. Notice must be included with summary plan description (SPD) or other description of benefits. Sample language available[3] at https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf
PLANS AFFECTED?	Non-grandfathered group health plans
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator or health insurer
WHEN DUE?	Notice must be provided with SPD or other similar description of benefits.

ITEM & DESCRIPTION	**Summary of Benefits and Coverage (SBC)** — ACA §1001(5), 26 CFR §54.9815-2715, 29 CFR §2590.715-2715 & 45 CFR §147.200 Plans must provide a summary, not to exceed four double-sided pages, of plan benefits, coverage and cost-sharing arrangements, including exceptions, reductions, limitations and continuation of coverage information. This notice must be provided in addition to all other notices — SPD, Summary of Material Modifications (SMM) and Summary of Material Reduction in Covered Services/Benefits (SMR). Templates available[3] at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/summary-of-benefits
PLANS AFFECTED?	Group health plans and health insurers
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement
SENT BY?	Plan administrator or health insurer
WHEN DUE?	Annually with open enrollment materials or, if plan does not conduct open enrollment, 30 days prior to start of plan year. Must also provide prior to enrollment for new enrollees and within seven business days of a request from a participant or beneficiary

[1] The ACA is the abbreviated name for the health care reform law, the Patient Protection and Affordable Care Act (PPACA), Public Law No. 111-48, as modified by the subsequently enacted Health Care and Education Reconciliation Act (HCERA), Public Law No. 111-52.

[2] "Grandfathered plans" are those in existence when the ACA was enacted on 3/23/10, which have not made benefit or employee contribution changes that result in the loss of grandfather status.

[3] A link to this resource is available on the 2018 *Reporting & Disclosure Calendar for Multiemployer Plans* webpage at www.segalco.com/publications-videos/2018-reporting-disclosure-calendar-multiemployer-plans/#Multiemployer

Requirements Introduced by the ACA (continued)	
ITEM & DESCRIPTION	**Notice of Change to SBC** — ACA §1001(5), 26 CFR §54.9815-2715(b), 29 CFR §2590.715-2715(b) & 45 CFR §147.200(b) Plans must provide advance notice of any mid-year material modification in an SBC.
PLANS AFFECTED?	Group health plans and health insurers
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement
SENT BY?	Plan administrator, health insurer or plan sponsor
WHEN DUE?	If a health plan makes any material modification in any terms of plan that affects content of SBC and takes effect in middle of a plan year, plan or insurer must provide notice of modification no later than 60 days prior to date on which modification will become effective.

ITEM & DESCRIPTION	**Notice of Rescission** — 26 CFR §54.9815-2712T, 29 CFR §2590.715-2712 & 45 CFR §147.128 Plans must provide advance written notice of retroactive termination of coverage due to fraud or intentional misrepresentation of material facts by participant.
PLANS AFFECTED?	Group health plans and health insurers
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement
SENT BY?	Plan administrator, health insurer or plan sponsor
WHEN DUE?	Written notice must be provided at least 30 days before coverage may be retroactively terminated.

ITEM & DESCRIPTION	**Notice to Employees of Coverage Options** — Fair Labor Standards Act (FLSA) §18B (added by ACA §1512) Employer must provide new employees with notice about health insurance marketplaces and their options for health coverage. Sample notice available[3] at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/coverage-options-notice
PLANS AFFECTED?	Employers subject to FLSA
SENT TO/FILED WITH?	Sent to new employees whether enrolled in employer's group health plan or not. No filing requirement
SENT BY?	Employer
WHEN DUE?	Written notice must be provided to new hires within 14 days of employee's start date.

ITEM & DESCRIPTION	**Patient-Centered Outcomes Research Institute (PCORI) Fee** — 26 CFR §46.4376-1 Plans and insurers pay fees to fund PCORI, which funds research projects in area of evidence-based medicine with goal to advance quality of care. Sunsets in 2019
PLANS AFFECTED?	Self-insured group health plans (insurer reports and pays for insured group coverage)
SENT TO/FILED WITH?	File with Internal Revenue Service (IRS) (Form 720)
SENT BY?	Plan sponsor or plan administrator
WHEN DUE?	7/31 of calendar year that immediately follows last day of plan year to which fees apply. For example, for a non-calendar-year plan ending on 9/30, fees are due next 7/31.

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Requirements Introduced by the ACA (continued)	
ITEM & DESCRIPTION	**Wellness Program Notice of Availability of Reasonable Alternative Disclosures** — 26 CFR §54.9802-1(f), 29 CFR §2590.702(f) & 45 CFR §146.21(f) Plans must disclose availability of a reasonable alternative standard to qualify for wellness program's reward in all plan materials that describe health-contingent wellness programs. Sample language available[3] at https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf
PLANS AFFECTED?	Group health plans and health insurers
SENT TO/FILED WITH?	Include in all plan materials describing terms of wellness program
SENT BY?	Plan administrator or health insurer
WHEN DUE?	Include in SPD, enrollment materials and other materials describing terms of wellness program.

ITEM & DESCRIPTION	**Wellness Program Notice Required by Equal Employment Opportunity Commission (EEOC)** — 29 CFR §1630.14(d)(2)(iv) If wellness program includes disability-related inquiries or medical examinations, plan sponsor must provide participants with a notice describing what medical information will be obtained, how it will be used and how it will be protected from improper disclosure. Sample language available[3] at https://www.eeoc.gov/laws/regulations/ada-wellness-notice.cfm
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Provide to participants before they are asked to answer disability-related inquiries or undergo medical examinations.

ITEM & DESCRIPTION	**Form 1095-B (Health Coverage) & Form 1094-B (Transmittal of Health Coverage Information Returns)** — IRC §6055 Group health plans that provide self-insured minimum essential coverage must provide plan participants with Form 1095-B, documenting enrollment in plan coverage, and file all such forms with IRS (along with Form 1094-B transmittal).
PLANS AFFECTED?	Self-insured group health plans. If plan (or plan option) is insured, health insurance carrier is responsible for Form 1095-B.
SENT TO/FILED WITH?	Sent to participants (or other "responsible individual"). Filed with IRS
SENT BY?	Plan administrator if self-insured. Insurance carrier if plan (or plan option) is insured
WHEN DUE?	Must be filed with IRS by 2/28/18 (4/2/18 if filed electronically) and sent to participants by 3/2/18 (a 30-day extension of original deadline that IRS announced on 12/22/17 in Notice 2018-06: https://www.irs.gov/pub/irs-drop/n-18-06.pdf)

Requirements Introduced by the ACA (continued)	
ITEM & DESCRIPTION	**Form 1095-C (Employer-Provided Health Insurance Offer and Coverage) & Form 1094-C (Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns) — IRC §6056** Multiemployer plans that are "large" employers (50 or more full-time employees, including equivalents) must provide full-time employees with Form 1095-C, documenting offer of coverage, and file all such forms with IRS (along with Form 1094-C transmittal).
PLANS AFFECTED?	Multiemployer plans that are large employers
SENT TO/FILED WITH?	Sent to employees. Filed with IRS
SENT BY?	Large employers
WHEN DUE?	Must be filed with IRS by 2/28/18 (4/2/18 if filed electronically) and sent to employees by 3/2/18 (a 30-day extension of original deadline that IRS announced on 12/22/17 in Notice 2018-06: https://www.irs.gov/pub/irs-drop/n-18-06.pdf)

ITEM & DESCRIPTION	**Affordable Care Act Section 1557 Notice of Nondiscrimination and Statement of Nondiscrimination with Taglines — 45 CFR §92.8** Prohibits "covered entities" from discriminating in health programs on basis of race, color, national origin, sex (including gender identity), age or disability. Covered entities must provide participants and beneficiaries with a notice that conveys information about Section 1557. It must be accompanied by taglines in at least top 15 languages spoken by individuals with limited English proficiency in relevant state. Nondiscrimination statement must be included in significant small-sized publications and communications (*e.g.*, postcards and tri-fold brochures) accompanied by top two taglines. Sample notice, statement and taglines available[3] at http://www.hhs.gov/civil-rights/for-individuals/section-1557/
PLANS AFFECTED?	Group health plans that accept federal funding from Department of Health & Human Services (HHS), such as Retiree Drug Subsidy (RDS)
SENT TO/FILED WITH?	Notice of nondiscrimination must be posted in a conspicuously visible font size in significant publications and communications (unless they are small sized), in physical locations and on entity's website.
SENT BY?	Plan sponsor or plan administrator
WHEN DUE?	Include in significant publications and communications

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Department of Health & Human Services (HHS) Requirements	
ITEM & DESCRIPTION	**Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices for Protected Health Information (PHI) — HHS Reg. §164.520** Notice to participants describing their rights, plan's legal duties with respect to PHI and plan's uses and disclosures of PHI
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	At enrollment and when there is a material revision to notice. Notice of material revision must generally be provided within 60 days of revision. However, plans that post information about revision (or a revised notice) prominently on their website by effective date of revision do not have to provide individual notice of revision (or revised notice) until plan's next annual mailing. Every three years, plan must notify covered individuals that a Notice of Privacy Practices is available and how to obtain it.

ITEM & DESCRIPTION	**Breach Notification for Unsecured PHI under HITECH Act[4] — HHS Reg. §164.400 et seq.** Notice to participants with respect to unauthorized acquisition, access, use or disclosure of unsecured PHI. Notice must include description of what happened, description of information involved, steps individuals should take to protect themselves from potential harm resulting from breach, brief description of investigation and mitigation steps, and contact information.
PLANS AFFECTED?	Group health plans as well as other covered entities under HIPAA and their business associates
SENT TO/FILED WITH?	Sent to each affected individual by first-class mail at individual's last known address. Email permitted only if individual specifically authorizes. Filed with HHS and prominent media outlets for breaches involving more than 500 individuals (contemporaneous with participant notice). Filed with HHS annually for breaches involving fewer than 500 individuals
SENT BY?	Plan administrator
WHEN DUE?	Within 60 days of discovery of breach of unsecured PHI

ITEM & DESCRIPTION	**Notice of Creditable Coverage — 42 United States Code (USC) §1395w-113(b)(6) & Public Health Service Act (PHSA) Regs. §§423.56 & 423.884** 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. Sample notice available[3] at https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/index.html?redirect=/creditablecoverage/
PLANS AFFECTED?	Group health plans that provide prescription drug coverage to Part D-eligible individuals, except entities that contract with or become a Part D plan
SENT TO/FILED WITH?	Sent to participants and beneficiaries eligible for Part D. No filing requirement
SENT BY?	Plan sponsor
WHEN DUE?	Notice must be provided (1) prior to annual Part D open enrollment period (10/15/18–12/7/18); (2) prior to individual's initial enrollment period for Part D; (3) prior to effective date of coverage for any Part D-eligible individual who joins plan; (4) when plan no longer offers drug coverage or when coverage changes so it is no longer creditable; and (5) upon request by individual. If plan provides notice to all participants annually, Centers for Medicare & Medicaid Services (CMS) will consider #1 and #2 to be met. "Prior to" means within past 12 months.

[4] The HITECH Act, enacted as part of the American Recovery and Reinvestment Act of 2009, imposes notification requirements on covered entities, business associates, vendors of personal health records and related entities in the event of certain security breaches relating to PHI.

HHS Requirements (continued)	
ITEM & DESCRIPTION	**Creditable Coverage Disclosure Notice to CMS** — 42 USC §1395w-113(b)(6) & PHSA Reg. §423.56(e) Written disclosure to CMS 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
PLANS AFFECTED?	Group health plans that provide prescription drug coverage to Part D-eligible individuals, except entities that contract with or become a Part D plan. Plans approved for RDS are exempt from providing notice with respect to retirees for whom plan is claiming subsidy.
SENT TO/FILED WITH?	No participant reporting requirement. Filed with CMS through online form
SENT BY?	Plan sponsor
WHEN DUE?	Annually, 60 days after beginning of plan year. Also within 30 days of termination of plan's prescription drug coverage or after change in creditable status of plan

ITEM & DESCRIPTION	**Application for RDS & Attestation of Actuarial Equivalence** — 42 USC §1395w-132 & PHSA Reg. §423.884 RDS is available to group health plans that have retiree drug coverage that is actuarially equivalent to Medicare Part D coverage. Subsidy is available for each retiree (or spouse or dependent) who is eligible for but not enrolled in Part D. Application and attestation must be complete by deadline below. List of retirees for whom plan may receive a subsidy must also be submitted in a timely manner to complete application. Additional cost submissions are required to receive subsidy payment along with a final reconciliation due 15 months after end of RDS plan year.
PLANS AFFECTED?	Group health plans that provide retiree drug coverage and are applying for RDS under Medicare Modernization Act of 2003[5]
SENT TO/FILED WITH?	No participant reporting requirement. Filed with CMS through online RDS system[3] at https://www.rds.cms.hhs.gov/
SENT BY?	Plan sponsor
WHEN DUE?	Subsidy application, initial retiree list and attestation must be submitted annually, at least 90 days prior to start of plan year (e.g., for plan years beginning 4/1, new application and new attestation must be completed by 1/1). Attestation must also be provided no later than 90 days before a material change to drug coverage that potentially causes plan to no longer be actuarially equivalent. Reconciliation must be completed within 15 months after end of plan year.

ITEM & DESCRIPTION	**Medicare Secondary Payer (MSP) Data Reporting Requirements under Medicare, Medicaid and State Children's Health Insurance Program (CHIP) Extension Act of 2007** — 42 USC §1395y(b)(7) Report information about certain participants and beneficiaries who are also Medicare enrollees for purpose of enforcing MSP rules. Penalty is $1,000 for each day of noncompliance.
PLANS AFFECTED?	Group health plans. Health Reimbursement Arrangement (HRA) coverage that reflects an annual benefit level of $5,000 or more
SENT TO/FILED WITH?	No participant reporting requirement. Filed with CMS
SENT BY?	Insurers and third-party administrators (TPAs). For self-insured, self-administered group health plans, plan administrator or plan fiduciary
WHEN DUE?	All plans should already be registered and reporting.

[5] Medicare Modernization Act of 2003 is an abbreviation used by CMS for Medicare Prescription Drug, Improvement and Modernization Act of 2003.

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Department of Labor (DOL) Requirements	
ITEM & DESCRIPTION	**Summary Plan Description (SPD)** — Employee Retirement Income Security Act (ERISA) §§102 & 104(b) & DOL Regs. §§2520.102-2 & 3 & 2520.104b-2 Summary of plan provisions and certain standard language as required by ERISA
PLANS AFFECTED?	All employee benefit plans subject to Title I of ERISA; alternative reporting requirements apply to apprenticeship and certain other plans
SENT TO/FILED WITH?	Sent to participants and beneficiaries receiving benefits. No filing requirement. See "Plan Documents" on page 8
SENT BY?	Plan administrator
WHEN DUE?	For new plans, 120 days after plan's effective date; for amended plans, once every five years; for all other plans, once every 10 years. To new participants, within 90 days of becoming a participant; to beneficiaries[6] receiving benefits under pension plan, within 90 days after first receiving benefits

ITEM & DESCRIPTION	**Summary of Material Modifications (SMM)** — ERISA §§102 & 104(b)(1) & DOL Reg. §2520.104b-3 Summary of changes in any information required in SPD
PLANS AFFECTED?	All employee benefit plans subject to Title I of ERISA; alternative reporting requirements for apprenticeship and certain other plans
SENT TO/FILED WITH?	Sent to participants and beneficiaries receiving benefits, with exceptions for certain updates. No filing requirement. See "Plan Documents" on page 8
SENT BY?	Plan administrator
WHEN DUE?	Within 210 days after end of plan year in which modification is adopted unless a revised SPD is distributed containing modification. To new participants, within 90 days of becoming a participant; to beneficiaries, within 90 days after first receiving benefits

ITEM & DESCRIPTION	**Summary Annual Report** — ERISA §104(b)(3) & DOL Reg. §2520.104b-10 Narrative summary of financial information reported on Form 5500 (see "Form 5500 Series" on page 17) and statement of right to receive annual report. Sample report available[3] at http://www.ecfr.gov/cgi-bin/text-idx?SID=2c43971b41ecb0eb22b46b5fafbb7411&mc=true&node=se29.9.2520_1104b_610&rgn=div8
PLANS AFFECTED?	Employee benefit plans subject to Title I of ERISA, except for defined benefit (DB) plans subject to Title IV of ERISA and plans exempted in DOL Reg. §2520.104b-10(g)
SENT TO/FILED WITH?	Sent to participants and beneficiaries receiving benefits. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Generally, later of nine months after plan year ends or, where an extension of time for filing Form 5500 has been granted by IRS, two months after Form 5500 is due

[6] Under Section 206(d)(3)(J) of ERISA, an alternate payee (AP) under a Qualified Domestic Relations Order (QDRO) is considered a plan beneficiary for all purposes under ERISA. DOL has informally taken the position that, unless applicable statutory language limits recipient beneficiaries for an item "to beneficiaries receiving benefits under the plan" (or similar language), an AP under a QDRO must be treated as a recipient beneficiary for that item, not just alternate payees in pay status. See Preamble, Annual Funding Notice for Defined Benefit Plans, 80 Fed. Reg. 21, p. 5638 (2/2/15). For purposes of this calendar, an AP under a QDRO is identified as a recipient for a particular reporting or disclosure item only if the statute or regulatory language for the item specifically identifies APs as recipients.

DOL Requirements (continued)

ITEM & DESCRIPTION	**Plan Documents** — ERISA §§104(b)(2) & (4) & DOL Reg. §2520.104b-1(b)(3) Maintain and provide copies upon request of plan and trust instruments, most recent annual report, SPD, any SMMs, any collective bargaining agreements and all contracts or other instruments under which plan is established or operated
PLANS AFFECTED?	All employee benefit plans subject to Title I of ERISA
SENT TO/FILED WITH?	Copies sent to participants and beneficiaries upon written request. No filing requirement, but must be maintained and made available for inspection at principal office of plan administrator
SENT BY?	Plan administrator
WHEN DUE?	Copies must be furnished within 30 days after a written request.

ITEM & DESCRIPTION	**Periodic Pension Benefit Statements** — ERISA §105(a) & DOL Field Assistance Bulletins (FABs) 2006-3 & 2007-3 Statement informing participants of their accrued benefit at normal retirement age and, if not vested, when vesting will occur. Must describe any permitted disparity or floor-offset provision. For individual account plans, must also note value of each investment. DOL to provide a model.
PLANS AFFECTED?	DB and defined contribution (DC) plans
SENT TO/FILED WITH?	**DC plans with participant-directed investments:** Sent to participants and beneficiaries who may direct investments. **DC plans without participant-directed investments:** Sent to participants and beneficiaries with accounts. **DB plans:** Sent to participants with vested benefits. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	**DC plans with participant-directed investments:** Within 45 days after close of each quarter. **DC plans without participant-directed investments:** Annually on or before date Form 5500 is filed by plan (but in no event later than date, including extensions, on which Form 5500 is required to be filed by plan) for plan year to which statement relates. **DB plans:** Every three years or provide annual notice of availability of benefit statement. A statement can be requested only once every 12 months. Under current guidance, statements are generally due within 45 days after close of applicable plan year.

ITEM & DESCRIPTION	**Report at Termination or One-Year Break in Service** — ERISA §209(a) A report of benefits that are due or that may become due to a participant. Report must be in same form and contain same information as periodic benefit statement under ERISA §105(a). This reporting requirement appears to target non-vested participants at termination of employment or after a one-year break in service; other required disclosures provide this information for actives and terminated vested participants. See "Periodic Pension Benefit Statements" above and "Notice to Separated Participants with Deferred Vested Benefits" on page 17
PLANS AFFECTED?	DB and DC plans
SENT TO/FILED WITH?	Sent to participants at termination of service with employer, after a one-year break in service (as defined in ERISA §203(b)(3)(A)) or upon request. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Report can be requested only once every 12 months and only one report is required with respect to consecutive one-year breaks in service. Report provided at such time as may be provided in regulations, but no regulations have yet been issued. Informal guidance from DOL indicates good-faith compliance is required. Plan administrators should consult with counsel about whether they need to report additional information to non-vested participants at termination, based on plan type (DB or DC) and current disclosure practices, for good-faith compliance.

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DOL Requirements (continued)

ITEM & DESCRIPTION	**Disclosure of Multiemployer Information (including Actuarial and Financial Reports)** — ERISA §101(k) & DOL Reg. §2520.101-6 (not yet revised for Multiemployer Pension Reform Act (MPRA) of 2014) Copies of periodic actuarial reports (including sensitivity testing), certain financial reports, applications for amortization extension, current SPD, plan and trust documents, Forms 5500, annual funding notices, audited financials, funding improvement and/or rehabilitation plans and an employer's own participation agreements
PLANS AFFECTED?	DB plans
SENT TO/FILED WITH?	Sent to participants, beneficiaries, participating unions or contributing employers upon request. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Within 30 days of written request. Requesting party is entitled to receive only one copy of any report or application during any 12-month period. Requests for certain documents limited to latest or current version, or to those in plan's possession for five years or less, or, for an employer's participation agreements, current and five immediately preceding years

ITEM & DESCRIPTION	**Notice of Potential Withdrawal Liability** — ERISA §101(l) Notice providing estimated amount of employer's withdrawal liability and how such estimated liability was determined
PLANS AFFECTED?	DB plans
SENT TO/FILED WITH?	Sent to contributing employers with an obligation to contribute. No filing requirement
SENT BY?	Trustees
WHEN DUE?	Generally, within 180 days of a written request. Employers are entitled to receive only one notice during any 12-month period.

ITEM & DESCRIPTION	**Multiemployer Plan Summary Report** — ERISA §104(d) Report provides certain financial information, such as contribution schedules, benefit formulas, number of employers obligated to contribute under a collective bargaining agreement, number of participants on whose behalf no contributions were made for a specified period of time, number of withdrawing employers and withdrawal liability. Most information required to be provided is similar to information required under ERISA §103(f)(2) on Form 5500 Schedule R, Retirement Plan Information.
PLANS AFFECTED?	DB plans
SENT TO/FILED WITH?	Sent to participating unions and contributing employers. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Within 30 days after Form 5500 filing due date

DOL Requirements (continued)

ITEM & DESCRIPTION	**Annual Funding Notice** — ERISA §101(f) as amended by MPRA §201(a)(4) & DOL Reg. §2520.101-5 Notice provides basic information about funded status and financial condition of DB plan, including plan's funded percentage, assets and liabilities and a description of benefits guaranteed by Pension Benefit Guaranty Corporation (PBGC). Additional information must be included if plan is in endangered, critical or critical and declining status. Sample notice available[3] at https://www.gpo.gov/fdsys/pkg/FR-2015-02-02/pdf/2015-01884.pdf
PLANS AFFECTED?	DB plans subject to Title IV of ERISA
SENT TO/FILED WITH?	Sent to participants, beneficiaries receiving benefits, participating unions and contributing employers. Filed with PBGC
SENT BY?	Plan administrator
WHEN DUE?	Within 120 days after close of plan year; if 100 or fewer participants, due at earlier of date annual report is filed or is due (with extensions)

ITEM & DESCRIPTION	**Intranet Posting of DB Plan Actuarial Information** — ERISA §104(b)(5) If DB plan trustees (or plan administrator on behalf of trustees) maintain an intranet site (not public) for communicating with employees or participants, trustees (or plan administrator) must post on that site "identification and basic plan information and actuarial information" as filed in plan's Form 5500.
PLANS AFFECTED?	Apparently only DB plans, but no guidance has been issued
SENT TO/FILED WITH?	Notice of posting not currently required. No filing requirement
SENT BY?	Sponsor or plan administrator on behalf of sponsor
WHEN DUE?	Unknown (guidance not yet issued). DOL must post full Form 5500 on DOL website within 90 days of Form 5500 filing date.

ITEM & DESCRIPTION	**Notice of Availability of Investment Advice** — ERISA §§408(b)(14) & 408(g)(1) & DOL Reg. §2550.408g-1 Required notice to participants and beneficiaries in DC plans with participant-directed investments regarding availability of investment advice services. Absent notice and compliance with ERISA requirements, a transaction involving provision of investment advice may be a prohibited transaction. Sample notice available[3] at http://www.ecfr.gov/cgi-bin/text-idx?SID=af4ebff2f0513a08963d0056030010d4&mc=true&node=pt29.9.2550&rgn=div5#se29.9.2550_1408g_61
PLANS AFFECTED?	DC plans with participant-directed investments if plan sponsor wants to make investment advice services available with respect to such investments
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement
SENT BY?	Fiduciary adviser
WHEN DUE?	Before initial provision of information and annually thereafter with updates more often (if necessary)

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DOL Requirements (continued)

ITEM & DESCRIPTION	**Blackout Period Notification** — ERISA §101(i) & DOL Reg. §2520.101-3 Advance notice of a period of more than three consecutive business days during which normal rights to direct investment of assets in accounts or obtain plan loans or distributions are restricted
PLANS AFFECTED?	DC plans with participant-directed investments
SENT TO/FILED WITH?	Sent to participants and beneficiaries affected by blackout period. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	At least 30 but no more than 60 days before beginning of a blackout period. Notice period can be shorter if a plan fiduciary determines that, due to events beyond plan administrator's control (e.g., a system outage), 30-day notice is not possible.

ITEM & DESCRIPTION	**Disclosure of Plan Fees and Expenses** — ERISA §404(a) & DOL Reg. §2550.404a-5 Required annual disclosure of specified plan information and specified investment-related information, quarterly statements of fees deducted from individual accounts and, upon request, disclosure of certain specified investment-related information. Required annual investment information must be in form of a chart as specified in regulations. Sample disclosure chart available[3] at http://www.ecfr.gov/cgi-bin/text-idx?SID=af4ebff2f0513a08963d0056030010d4&mc=true&node=pt29.9.2550&rgn=div5#se29.9.2550_1404a_65
PLANS AFFECTED?	DC plans with participant-directed investments
SENT TO/FILED WITH?	Sent to participants, including employees who are eligible to participate but who have not actually enrolled, and plan beneficiaries. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Generally, required annual information must be provided on or before date participant or beneficiary can first direct investments and annually thereafter. Quarterly statements must be provided by 45 days after end of quarter.

ITEM & DESCRIPTION	**Section 404(c) Disclosures** — ERISA §404(c) & DOL Reg. §2550.404c-1 Disclosures required for a participant-directed DC plan that wants to limit its fiduciary liability for participant and beneficiary investment decisions. Disclosures include a statement that plan is intended to be an ERISA §404(c) plan and that fiduciaries may be released from liability for any losses that are direct and necessary result of investment instructions from participant or beneficiary, and required disclosures under ERISA §404(a). See "Disclosure of Plan Fees and Expenses" above
PLANS AFFECTED?	DC plans with participant-directed investments that want protection under ERISA §404(c)
SENT TO/FILED WITH?	Provided to participants and beneficiaries. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	For a plan's fiduciary liability with respect to decision to be limited, ERISA §404(c) disclosures must be provided before a participant makes an investment decision.

DOL Requirements (continued)	
ITEM & DESCRIPTION	**Summary of Material Reduction in Covered Services or Benefits** —ERISA §104(b) & DOL Reg. §2520.104b-3(d) Summary description of modification or change that would be considered by average plan participant to be an important reduction in covered services or benefits
PLANS AFFECTED?	Group health plans subject to Title I of ERISA
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Not later than 60 days after adoption of modification or change, or at regular intervals of not more than 90 days

ITEM & DESCRIPTION	**Women's Health and Cancer Rights Act (WHCRA) Notices** — ERISA §713 Description of benefits under WHCRA and any deductibles and coinsurance limits applicable to such benefits. Sample notice available[3] at https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf
PLANS AFFECTED?	Group health plans that provide for mastectomy benefits
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Upon enrollment in plan and annually thereafter

ITEM & DESCRIPTION	**Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Disclosure of Plan Benefits** — ERISA §701(f)(3)(B)(ii) Required disclosure, upon request, of information about plan benefits to state Medicaid or CHIP to allow states to evaluate an employment-based plan to determine whether premium reimbursement is a cost-effective way to provide medical or child health assistance to an individual
PLANS AFFECTED?	Group health plans and health insurers
SENT TO/FILED WITH?	No participant reporting requirement. Filed with requesting state
SENT BY?	Plan administrator
WHEN DUE?	If requested by state Medicaid or CHIP, provide within 30 days of date that request was sent to plan.

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DOL Requirements (continued)	
ITEM & DESCRIPTION	**CHIPRA Notice to Employees** — ERISA §701(f)(3)(B)(i) Employers that maintain a group health plan in a state that provides premium assistance under Medicaid or CHIP must notify all employees of potential opportunities for premium assistance in state in which employee resides. Sample notice available[4] at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra/model-notice.doc
PLANS AFFECTED?	Group health plans and health insurers
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement
SENT BY?	Employer
WHEN DUE?	Annually, by first day of plan year

ITEM & DESCRIPTION	**Form M-1** — ERISA §101(g) & DOL Reg. §2520.101-2 Annual report describing compliance with federal health legislation, including HIPAA, WHCRA, Mental Health Parity and Addiction Equity Act, and Newborns' and Mothers' Health Protection Act
PLANS AFFECTED?	Multiple Employer Welfare Arrangements (MEWAs), certain multiemployer group health plans (only for first three years after plan is established, or after certain mergers and increases in membership of over 50%)
SENT TO/FILED WITH?	No participant reporting requirement. Filed with DOL's Employee Benefits Security Administration
SENT BY?	MEWA administrator or plan sponsor
WHEN DUE?	3/1 of each year for previous calendar year. For newly established MEWAs or multiemployer group health plans and other non-pension benefits, within 90 days of date coverage begins, unless it is established (origination date) between 10/1 and 12/31. In that case, 3/1 date applies.

Internal Revenue Service (IRS) Requirements	
ITEM & DESCRIPTION	**Form 1099-MISC (Report of Miscellaneous Income)** — Internal Revenue Code (IRC) §6041 Use if plan makes direct payments of $600 or more for services, rent and specified other purposes. Generally, not needed if payment is to a corporation other than in case of payment to a corporation for work of an attorney. Instructions for Form 1099-MISC available[3] at https://www.irs.gov/pub/irs-pdf/i1099msc.pdf
PLANS AFFECTED?	Retirement and group health plans and other non-pension benefit plans
SENT TO/FILED WITH?	Sent to service provider or other recipient of payment. Filed with IRS (magnetic media required for 250 or more forms)
SENT BY?	Payer
WHEN DUE?	Send to recipients by 1/31/18. File with IRS by 1/31/18 (whether filing on paper or electronically) if reporting non-employee compensation in Box 7; otherwise file by 4/2/18 if filing electronically or by 2/28/18 if filing on paper. File with Form 1096 if filing on paper.

ITEM & DESCRIPTION	**Notice and Reminder of Election Regarding Withholding from Annuity and Pension Plan Payments** — IRC §3405(e)(10) & Temp. Treas. Reg. §35.3405-1T, Part D Notice regarding a recipient's right to elect out of income tax withholding from periodic payments. Absent an election out of withholding, withholding is required. Sample notice and election forms available[3] at http://www.ecfr.gov/cgi-bin/text-idx?SID=76794719c6b9f6560c7bcad1eb20d76e&mc=true&node=se26.17.35_13405_61t&rgn=div8. (Different withholding requirements apply for non-periodic payments and eligible rollover amounts, and to individuals living abroad.)
PLANS AFFECTED?	DB and DC plans
SENT TO/FILED WITH?	Sent to participants and beneficiaries applying for periodic distributions. No filing requirement; amount withheld is remitted to IRS.
SENT BY?	Payer
WHEN DUE?	Notice is optional within six months before first payment and is required with first payment (even if provided earlier). Reminder of election is required, thereafter, once each calendar year.

ITEM & DESCRIPTION	**Form 1099-R** Report of distributions from retirement plans, including distributions of excess deferrals or excess contributions from certain DC plans (*e.g.*, §401(k) plans), as well as cost of life insurance, if any, purchased in plan that is taxable to participant, and other types of fully or partially taxable distribution amounts. Form 1099-R available[3] at https://www.irs.gov/pub/irs-pdf/f1099r.pdf
PLANS AFFECTED?	DB and DC plans
SENT TO/FILED WITH?	Sent to participants, retirees and beneficiaries receiving benefits other than those who are nonresident aliens (who receive Form 1042-S instead). Filed with IRS (magnetic media required for 250 or more forms)
SENT BY?	Payer
WHEN DUE?	Send to participants by 1/31/18. File with IRS by 4/2/18 if filing electronically or by 2/28/18 if filing on paper. File with Form 1096 if filing on paper.

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IRS Requirements (continued)	
ITEM & DESCRIPTION	**Explanation of Rollover and Certain Tax Options** — IRC §402(f), Treas. Regs. §§1.402(f)-1 & 1.402A-1, Q5 & Notice 2014-74 Notice to recipient of a distribution eligible for rollover to an eligible retirement plan (*i.e.*, an individual retirement account (IRA), §403(b), governmental §457(b) or §401(a) qualified plan) explaining rules for rollovers and mandatory withholding on amounts not rolled over. Sample notice available[3] at https://www.irs.gov/pub/irs-drop/n-14-74.pdf
PLANS AFFECTED?	DB and DC plans
SENT TO/FILED WITH?	Sent to participants and beneficiaries who will receive or can elect to receive eligible rollover distributions. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Generally, at least 30 but no more than 180 days prior to distribution date (or, if plan administrator chooses, annuity starting date)

ITEM & DESCRIPTION	**Form 8955-SSA (Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits)** — IRC §6057 Provides information on recently terminated vested participants
PLANS AFFECTED?	DB and DC plans
SENT TO/FILED WITH?	Filed with IRS. See "Notice to Separated Participants with Deferred Vested Benefits" on page 17 for related notice to participants
SENT BY?	Plan administrator
WHEN DUE?	Due date for Form 8955-SSA is last day of seventh month following close of plan year. Extensions may be requested. See "Form 5558 (Application for Extension of Time)" on page 17. Form 8955-SSA must be filed electronically if plan administrator is required to file 250 returns of any type during calendar year that includes first day of plan year. Returns include information returns (*e.g.*, Form(s) W-2 and 1099), income tax returns, employment tax returns (including quarterly Forms 941) and excise tax returns. A paper filing will be treated as a failure to file if a filer is required to file electronically and does not. Form 8955-SSA available[3] at https://www.irs.gov/pub/irs-pdf/f8955ssa.pdf. Information about certain exceptions available[3] at https://www.irs.gov/pub/irs-pdf/i8955ssa.pdf

ITEM & DESCRIPTION	**Notice of Intent to Use §401(k) Safe-Harbor Formula** — IRC §401(k)(12), Treas. Reg. §1.401(k)-3(d) & Notice 2016-16 Notice to participants describing their rights and obligations under a §401(k) plan, including a description of safe-harbor matching or safe-harbor nonelective employer contribution formula, how and when to make deferral elections and other required information. Notice requirements related to mid-year changes in safe-harbor matching or safe-harbor nonelective employer contributions available[3] at http://www.ecfr.gov/cgi-bin/text-idx?SID=56f959a1fd58fc71e295eea8b6c9190d&mc=true&node=se26.6.1_1401_2k_3_63&rgn=div8
PLANS AFFECTED?	§401(k) plans
SENT TO/FILED WITH?	Sent to participants and all employees eligible to participate under safe-harbor formula. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	**Initial notice for new plan or newly eligible employees:** No more than 90 days before and no later than eligibility date. **Annual notice:** At least 30 but no more than 90 days before beginning of plan year

IRS Requirements (continued)	
ITEM & DESCRIPTION	**Form W-2 (Wage and Tax Statement)** — IRC §3401, ACA §9002 & IRC §6051(a)(14) For reporting wages, nonqualified deferred compensation, sick pay, group legal services contributions or benefits, supplemental unemployment benefits, premiums for group-term life insurance above $50,000, employer contributions to medical savings accounts, payments under adoption assistance plans and other taxable/reportable benefits. ACA requires employers to report cost of coverage under an employer-sponsored group health plan on each employee's Form W-2. Cost of coverage includes medical and prescription drug coverage and health Flexible Spending Account value for plan year in excess of employee's cafeteria plan salary reduction, but dental, vision and HRA contributions are not required to be reported. Amounts contributed to a multiemployer plan would not be reported. Form W-2 available[3] at https://www.irs.gov/pub/irs-pdf/fw2.pdf. Instructions available[3] at https://www.irs.gov/instructions/iw2w3/ch01.html
PLANS AFFECTED?	Group health plans, other non-pension benefit plans and employers
SENT TO/FILED WITH?	Sent to employees. Filed with Social Security Administration (SSA) (magnetic media required for 250 or more forms)
SENT BY?	Employer
WHEN DUE?	Send to participants by 1/31/18. File Form W-3 with SSA by 1/31/18 (whether filing on paper or electronically). Deadline for filing with SSA has been accelerated to same deadline as for providing to participants.

ITEM & DESCRIPTION	**Form 990 & Form 990EZ (Annual Return of Organization Exempt from Income Tax)** — IRC §501(c) Use Form 990EZ if annual gross receipts were less than $100,000 and total year-end assets were less than $250,000; otherwise use Form 990.
PLANS AFFECTED?	Group health plans and other non-pension benefit plans
SENT TO/FILED WITH?	Sent to participants on written request. Filed with IRS
SENT BY?	Plan administrator
WHEN DUE?	Must be filed by 15th day of fifth month after end of plan year. Use Form 8868 to request 90-day extensions.

ITEM & DESCRIPTION	**Form 8928 (Return of Certain Excise Taxes Under Chapter 43 of IRC)** — IRC §§4980B & 4980D Group health plans may be subject to excise taxes for failure to comply with certain requirements related to administration of health benefits, including Consolidated Omnibus Budget Reconciliation Act (COBRA) and HIPAA portability and nondiscrimination. ACA mandates also are subject to applicable excise taxes. Group health plans must self-report compliance failures on Form 8928 and pay related excise taxes.
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	No participant reporting requirement. Filed with IRS
SENT BY?	Plan administrator
WHEN DUE?	Must be filed on or before last day of seventh month following end of plan year (e.g., 7/31 for a calendar-year plan). An automatic six-month extension is available by filing Form 7004 (which must be filed on or before regular filing date for Form 8928).

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Joint DOL/IRS Requirements	
ITEM & DESCRIPTION	**Form 5500 Series (Annual Return/Report of Employee Benefit Plan) and Schedules[7]** — ERISA §§103-104 & 4065, DOL Reg. §2520.103 & IRC §6058 Annual report filed by employee benefit plans subject to ERISA and IRC for purposes of providing plan information to DOL, IRS and PBGC. Plans generally have to file using DOL's E-Fast system. More information available[3] at https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500
PLANS AFFECTED?	All employee benefit plans (exceptions for certain apprenticeship plans and certain dependent care assistance plans)
SENT TO/FILED WITH?	Sent to participants and beneficiaries on written request. Filing requirements vary with type and size of plan. Filed with DOL. Electronic filing is required.
SENT BY?	Plan administrator
WHEN DUE?	Within seven months after end of plan year unless extension is received by filing Form 5558 before due date. See "Form 5558 (Application for Extension of Time)" below

ITEM & DESCRIPTION	**Form 5558 (Application for Extension of Time)** To request extension of time in which to file Form 5500 or Form 8955-SSA or both (maximum 2½ months)
PLANS AFFECTED?	All employee benefit plans
SENT TO/FILED WITH?	Filed with IRS
SENT BY?	Plan administrator
WHEN DUE?	On or before normal due date for filing Form 5500 or Form 8955-SSA. Filing required, but approval is automatic.

ITEM & DESCRIPTION	**Notice to Separated Participants with Deferred Vested Benefits** — IRC §6057(e), ERISA §105(c) & Treas. Reg. §301.6057-1(e) Notice to each separated participant providing information about participant's deferred vested benefit as filed on Form 8955-SSA. IRS guidance in form of answers to frequently asked questions (FAQs) permits notice requirement to be satisfied by information timely provided in other documents. FAQs available[3] at https://www.irs.gov/Retirement-Plans/FAQs-Regarding-Form-8955-SSA-What-are-the-Requirements-for-Answering-Yes-to-Question-8-on-Form-8955-SSA
PLANS AFFECTED?	DB and DC plans
SENT TO/FILED WITH?	Sent to separated participants with deferred vested benefits listed on Form 8955-SSA with respect to a plan year. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	No later than date on which related Form 8955-SSA is required to be filed (including extensions). See "Form 8955-SSA" on page 15

[7] Schedules can include: Schedule A – Insurance Information; Schedule C – Service Provider Information; Schedule D – Direct Filing Entities (DFEs)/Participating Plan Information (filed by plans that participate or invest in a DFE); Schedule G – Financial Transaction Schedules (filed by plans that answer "yes" to lines 4b, 4c and/or 4d of Schedule H); Schedule H – Financial Information (filed by large plans); Schedule I – Financial Information (filed by small plans – fewer than 100 participants); Schedule MB – Multiemployer Actuarial Information (filed by multiemployer DB plans and single-employer and multiemployer money purchase pension plans amortizing funding waivers); and Schedule R – Retirement Plan Information (filed by DB plans and, with certain exceptions, DC plans).

JOINT DOL/IRS REQUIREMENTS (CONTINUED)	
ITEM & DESCRIPTION	**Notice of Right to Defer Distribution and Consequences of Failure to Defer Distribution** — ERISA §205(g), IRC §411(a)(11), Notice 2007-7 & Treas. Prop. Reg. §1.411(a)-11 Notice explaining right to defer distribution and consequences of failing to defer distribution, including, for DB plans, a description of how much larger benefits could be if commencement of distributions is deferred or, for DC plans, a description of available investment options (including fees) and portion of SPD that contains special rules that might materially affect a participant's decision.
PLANS AFFECTED?	DB and DC plans
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	At least 30 but no more than 180 days before annuity starting date, unless right to 30-day notice is waived, in which case due date cannot be less than seven days before distribution date, unless certain requirements are met. Reasonable compliance standard until final regulations are issued

ITEM & DESCRIPTION	**Notice of Reduction in Future Accruals** — ERISA §204(h), IRC §4980F & Treas. Reg. §54.4980F-1 Notice of amendment significantly reducing rate of future accruals, including reductions in early retirement benefits or retirement-type subsidies
PLANS AFFECTED?	DB plans and DC plans subject to funding rules
SENT TO/FILED WITH?	Sent to participants, alternate payees expected to be affected, unions representing affected participants and contributing employers. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Generally, 15 days before effective date of amendment

ITEM & DESCRIPTION	**Explanation of Qualified Joint and Survivor Annuity (QJSA) & Qualified Optional Survivor Annuity (QOSA)** — ERISA §205(c), IRC §417(a)(3) & Treas. Regs. §§1.401(a)-11, 1.401(a)-20, 1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QJSA and QOSA, right to waive, right to revoke waiver, spousal consent requirement, consequences of failing to defer commencement of benefits and explanation and relative value of other optional benefit forms
PLANS AFFECTED?	DB plans, DC plans subject to funding rules and certain other DC plans
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	At least 30 but no more than 180 days before annuity starting date, unless right to 30-day notice is waived, in which case due date cannot be less than seven days before distribution date, unless certain requirements are met

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JOINT DOL/IRS REQUIREMENTS (CONTINUED)	
ITEM & DESCRIPTION	**Explanation of Qualified Preretirement Survivor Annuity (QPSA)** —ERISA §205(c), IRC §417(a)(3) & Treas. Regs. §§1.401(a)-11, 1.401(a)-20, 1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QPSA, right to waive, right to revoke waiver and spousal consent requirement
PLANS AFFECTED?	DB plans, DC plans subject to funding rules and certain other DC plans
SENT TO/FILED WITH?	Sent to vested participants and nonvested participants who are active employees. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Generally, during period from beginning of plan year in which employee turns age 32 to end of plan year in which employee turns age 34. Special rules apply for participants who commence participation after 34 or separate from service before 35. A plan that fully subsidizes QPSAs and does not allow a participant to waive it or to select a nonspouse beneficiary need not provide this notice.

ITEM & DESCRIPTION	**Funding-Status Certification** — ERISA §305(b)(3)(A) & IRC §432(b)(3)(A) Certification by actuary of whether DB plan is in endangered status for plan year, is or will be in critical status for plan year, or is or will be in critical and declining status for plan year. Additional certifications include whether an endangered plan will be neither endangered nor critical (*i.e.*, green) by end of 10th plan year after certification year under special rule in ERISA §305(b)(5), and whether a plan that is neither endangered nor critical for a plan year is projected to be in critical status in any of succeeding five plan years under ERISA §305(b)(4). If plan has a Funding Improvement Plan or Rehabilitation Plan, actuary must certify whether or not plan is making scheduled progress.
PLANS AFFECTED?	DB plans
SENT TO/FILED WITH?	Filed with IRS and trustees. See "Notice of Endangered or Critical Status" below for related notice to participants, beneficiaries, participating unions and contributing employers. A separate notice to bargaining parties and PBGC is required for a plan that would be in endangered status but for special rule in ERISA §305(b)(5) and different notices are required for a plan that is projected to be in critical status in succeeding five years under ERISA §305(b)(4) depending on whether plan elects, or does not elect, to be in critical status for current year.
SENT BY?	Actuary
WHEN DUE?	Within 90 days after start of plan year

ITEM & DESCRIPTION	**Notice of Endangered or Critical Status** — ERISA §305(b)(3)(D) & IRC §432(b)(3)(D) Notice of plan's funded status as endangered, critical or critical and declining. If a plan is in critical status, notice must explain that adjustable benefits, as defined in ERISA §305(e)(8)(A)(iv), may be reduced. Plans certified to be in critical and declining status should include that information in notice, subject to trustees' determination with advice of counsel.
PLANS AFFECTED?	DB plans in endangered or critical status
SENT TO/FILED WITH?	Sent to participants, beneficiaries, participating unions and contributing employers. Filed with PBGC and DOL. See "Funding-Status Certification" above for related notice to IRS and trustees.
SENT BY?	Trustees
WHEN DUE?	Within 30 days after certification of endangered, critical or critical and declining status

JOINT DOL/IRS REQUIREMENTS (CONTINUED)	
ITEM & DESCRIPTION	**Notice to Bargaining Parties for Endangered or Critical Plans** — ERISA §305(c)(1)(B) & IRC §432(c)(1)(B) for endangered plans; ERISA §305(e)(1)(B) & IRC §432(e)(1)(B) for critical plans Notice provides bargaining parties with schedules showing revisions to benefit structures and/or contribution increases needed to reach funding benchmarks.
PLANS AFFECTED?	DB plans in endangered, critical or critical and declining status
SENT TO/FILED WITH?	Sent to participating unions and contributing employers. No filing requirement
SENT BY?	Trustees
WHEN DUE?	Within 30 days after adoption of Funding Improvement Plan by endangered plans or adoption of Rehabilitation Plan by critical or critical and declining plans

ITEM & DESCRIPTION	**Notice to Participants and Beneficiaries of Reductions under Rehabilitation Plan** — ERISA §305(e)(8)(C) & IRC §432(e)(8)(C) Notice of any reduction to adjustable benefits. IRS to issue a sample notice
PLANS AFFECTED?	DB plans in critical or critical and declining status that adopt reductions in adjustable benefits
SENT TO/FILED WITH?	Sent to participants, beneficiaries, participating unions and contributing employers. No filing requirement
SENT BY?	Trustees
WHEN DUE?	At least 30 days before effective date of reductions

ITEM & DESCRIPTION	**Suspension of Benefits Notice** — IRC §411(a)(3)(B), ERISA §203(a)(3) & DOL Reg. §2530.203-3 Notice of suspension of benefits during covered employment that continues after plan's normal retirement age (NRA) or on reemployment after NRA
PLANS AFFECTED?	DB plans that contain suspension-of-benefits provisions
SENT TO/FILED WITH?	Sent to participants working past or rehired after NRA. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	During first month in which benefit is suspended at or after NRA (at NRA if participant continues to work after NRA). Information also required in SPD. Plans that include employment verification requirements and related presumptions must also provide an annual notice.

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JOINT DOL/IRS REQUIREMENTS (CONTINUED)	
ITEM & DESCRIPTION	**Notice of Right to Divest Employer Securities** — ERISA §§101(m) & 204(j), IRC §401(a)(35), Treas. Reg. §1.401(a)(35)-1 & Notice 2006-107 Notification to participants in DC plans whose account balances are invested in publicly traded securities of their employer of right to diversify into alternative investments and importance of diversification. Sample notice available[3] at https://www.irs.gov/pub/irs-drop/n-06-107.pdf. IRS regulations provide exceptions for plans that hold employer securities indirectly as part of certain broader investment funds (including for multiemployer DC plans, funds managed by an ERISA 3(38) investment manager) that meet specified requirements.
PLANS AFFECTED?	DC plans with publicly traded employer securities, including DC plans without participant-directed investments
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	No later than 30 days before date participant is first eligible to exercise right of diversification. Informal IRS guidance indicates that multiemployer plans are not required to be amended for IRC §401(a)(35) until year following year in which plan fails to qualify for exception described above.

ITEM & DESCRIPTION	**Notice of §401(k) Qualified Automatic Contribution Arrangement (QACA) & Eligible Automatic Contribution Arrangement (EACA)** — IRC §§401(k)(13)(E) & 414(w)(4), ERISA §§404(c)(5) & 514(e)(3), Treas. Reg. §1.401(k)-3(k)(4) & DOL Reg. §2550.404c-5(d) Notice describes rights and obligations under §401(k) plan with automatic enrollment arrangement, including right to elect not to have salary deferrals made on employee's behalf, right to elect a different deferral percentage and how contributions will be invested in absence of an investment election. Sample notice available[3] at https://www.irs.gov/pub/irs-tege/sample_notice.pdf
PLANS AFFECTED?	§401(k) plans using automatic enrollment
SENT TO/FILED WITH?	Sent to participants and each employee eligible to participate for year. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Within a reasonable period before each plan year (or eligibility for enrollment for new hires). A period of at least 30 but no more than 90 days before beginning of plan year is deemed to be reasonable. Employees hired after beginning of year must be given notice a reasonable time prior to first payroll deduction.

ITEM & DESCRIPTION	**Notice of Qualified Default Investment Alternative (QDIA)** — IRC §414(w), ERISA §404(c)(5) & DOL Reg. §2550.404c-5(d) Notice describes right to direct investments in a broad range of investment alternatives and how accounts will be invested in absence of participant direction. Notice may be combined with QACA, EACA or other ERISA §404(c) notices. See "Section 404(c) Disclosures" on page 11. Sample notice available[3] at https://www.irs.gov/pub/irs-tege/sample_notice.pdf
PLANS AFFECTED?	DC plans with participant-directed investments
SENT TO/FILED WITH?	Sent to participants and beneficiaries. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Initial notice at least 30 days before date of plan eligibility or first investment in QDIA. May be as late as date of plan eligibility if plan is an EACA (participant may make a permissible withdrawal within 90 days without penalty). Thereafter, annual notice, at least 30 days before start of next plan year

Joint DOL/IRS Requirements (continued)

ITEM & DESCRIPTION	**Notice of Continuation of Health Coverage under Consolidated Omnibus Budget Reconciliation Act (COBRA)** — ERISA §606, IRC §4980B(f)(6) & DOL Reg. §2590.606-1,4 Notice to participants and spouses upon initial enrollment of their right to continue self-paid health coverage and notice to qualified beneficiaries after a qualifying event. Also, notice to COBRA participants of change in premium, when applicable
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to affected participants and other qualified beneficiaries. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	General Notice (or Initial Notice) — generally, within 90 days of when coverage begins (participants and spouses only); Election Notice (or Notice of Qualifying Event) to specific qualified beneficiaries — within 14 days after plan administrator is notified of a qualifying event in relation to that qualified beneficiary or other time frame provided under terms of plan; Premium Change Notice — prior to its effective date

ITEM & DESCRIPTION	**Notice of Unavailability of Continuation Coverage under COBRA** — DOL Reg. §2590.606-4(c) Notice to qualified beneficiaries that have sent a qualifying event notice to plan administrator of reasons why they are not entitled to COBRA coverage
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to affected qualified beneficiaries. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Within same time frame that plan administrator would have had to provide election notice had person been eligible for COBRA (generally, 14 days after receipt of notice of qualifying event)

ITEM & DESCRIPTION	**Notice of Termination of Continuation Coverage** — DOL Reg. §2590.606-4(d) Notice to qualified beneficiaries that their COBRA coverage is terminating early (*i.e.*, before end of maximum coverage period)
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to affected qualified beneficiaries. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	As soon as practicable following administrator's determination that continuation coverage shall terminate early

ITEM & DESCRIPTION	**Notice of Insufficient Payment of COBRA Premium** — Treas. Reg. §54.4980B-8, Q&A5(d) Notice to qualified beneficiary that payment for COBRA continuation coverage was less (but not "significantly less") than correct amount
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to affected qualified beneficiaries. No filing requirement
SENT BY?	Plan administrator
WHEN DUE?	Plan must provide reasonable period to cure deficiency before terminating COBRA. A 30-day grace period will be considered reasonable.

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2018 Reporting & Disclosure Calendar for Multiemployer Plans

Joint DOL/IRS Requirements (continued)

ITEM & DESCRIPTION	**Notice of Special Enrollment Rights** — ERISA §701 & IRC §9801 Notice to participants of HIPAA special enrollment rights upon acquiring a new dependent or loss of other coverage. Sample notice available[3] at https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf
PLANS AFFECTED?	Group health plans
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator or health insurer
WHEN DUE?	On or before date participant is offered opportunity to enroll in group health plan

ITEM & DESCRIPTION	**Notice of Coverage Relating to Hospital Length of Stay in Connection with Childbirth** — ERISA §711(d) & DOL Reg. §2520.102-3(u) Notice to participants in SPD that describes any requirements under both federal and state law regarding minimum length of a hospital stay in connection with childbirth. Sample notice available[3] at https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf
PLANS AFFECTED?	Group health plans that provide maternity or newborn coverage
SENT TO/FILED WITH?	Sent to participants. No filing requirement
SENT BY?	Plan administrator or health insurer
WHEN DUE?	Within SPD time frame

ITEM & DESCRIPTION	**Michelle's Law** — ERISA §714 & IRC §9813 Requires extended coverage for post-secondary education students on medical leave
PLANS AFFECTED?	Group health plans that determine eligibility for coverage based on student status. After ACA, generally applicable only to plans that cover students 26 years of age or older on basis of student status.
SENT TO/FILED WITH?	Sent to participants. Any notice regarding student status certification must describe rights to continued coverage during a medically necessary leave of absence. No filing requirement
SENT BY?	Plan administrator or health insurer
WHEN DUE?	Whenever notice of student status certification is provided. Only applicable to plans that use student status to determine eligibility for those age 26 or older

Pension Benefit Guaranty Corporation (PBGC) Requirement	
ITEM & DESCRIPTION	**PBGC Comprehensive Premium Filing** — ERISA §4007 & PBGC Reg. §4007.11 Form used to file flat-rate premium payment. Links to premium filing system and filing instructions available[3] at https://www.pbgc.gov/prac/prem
PLANS AFFECTED?	DB plans
SENT TO/FILED WITH?	No participant reporting requirement. Filed with PBGC. Electronic filing is mandatory absent a PBGC-granted exemption for good cause.
SENT BY?	Plan administrator
WHEN DUE?	Generally, 15th day of 10th calendar month after first day of plan year

This Reporting & Disclosure Calendar for Multiemployer Plans, *which was posted in December 2017, is intended to indicate general reporting and disclosure requirements applicable to pension and welfare benefit plans on an annual basis. It does not cover all special requirements that may apply in a particular year due to an extraordinary event (e.g., plan termination) or that may apply only to a particular class of participants (e.g., highly compensated employees or nonresident aliens). As with all matters involving legal interpretation, trustees should rely on their fund counsel for legal advice on questions of specific application to their plans.*

Check

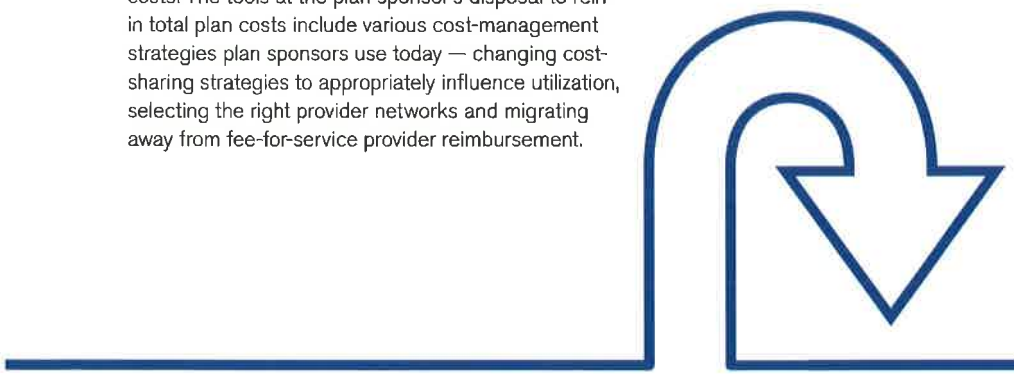
In order to retain their tax-favored status, defined benefit and defined contribution plans must satisfy rules requiring that coverage, benefit amounts and the availability of benefits, rights and features do not discriminate in favor of highly compensated employees. Generally, this testing is required every year, but many plans are able to use a special rule that permits testing every third year. Because the annual Form 5500 has not included questions related to nondiscrimination testing since 2009, and because there are no future cycle-based determination letter reviews to act as reminders, some plans may have forgotten to perform this testing on a regular basis.

As a result, plan sponsors may want to check to see if their nondiscrimination testing is up to date. Not only does the law require it, the Internal Revenue Service always asks for the most recent nondiscrimination testing in the early stages of any plan audit. Sponsors of 401(k) plans must perform Actual Deferral Percentage (ADP) testing (for elective deferral amounts) annually unless the plan uses a safe harbor for ADP testing.

Change

The Affordable Care Act imposes a 40 percent excise tax on high-cost health plans above a certain threshold, effective in 2020. The base thresholds set out in the law are $10,200 for self-only coverage and $27,500 for family coverage, with higher thresholds available for plans with certain types of participants (*e.g.*, retirees age 55 or older who are not entitled to benefits or eligible for enrollment under Medicare). Multiemployer plans will be able to use the higher family threshold for all participants. Plan sponsors should take action now to evaluate when and under what circumstances their plans could be expected to reach the excise tax thresholds and by how much.

With those estimates in hand, plan sponsors can begin the process of deciding whether to consider plan design changes that would help them lower total plan costs. The tools at the plan sponsor's disposal to rein in total plan costs include various cost-management strategies plan sponsors use today — changing cost-sharing strategies to appropriately influence utilization, selecting the right provider networks and migrating away from fee-for-service provider reimbursement.



Consider

Congress and the federal agencies that regulate plans covered by the Employee Retirement Income Security Act have taken action to help plan sponsors, plans and participants who were affected by the 2017 hurricanes and wildfires. Sponsors of both retirement and health plans may want to consider offering relief of different types to affected individuals in specified disaster areas, and may do so without the need for immediate plan amendments. Relief is available for a specified period of time, generally through at least January 31, 2018, and in some instances much longer, depending on the type of relief and the applicable statutory or regulatory rules. The agencies have indicated that they will expand existing relief provisions, and will add additional relief, as necessary.

For more information, see the agency websites, including the following webpages:

- IRS — Tax Relief in Disaster Situations — https://www.irs.gov/newsroom/tax-relief-in-disaster-situations,
- Pension Benefit Guaranty Corporation — Natural Disaster Information — https://www.pbgc.gov/Natural-Disaster-Information,
- Department of Labor — Disaster Relief — https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/disaster-relief, and
- Department of Health & Human Services — Hurricane Response Updates — https://www.hhs.gov/about/news/hurricane-response/index.html.

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