

Benefits Notices: Employers With 50+ Employees

For companies with **50+ 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
Summary Plan Description (SPD) <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)
Summary of Material Modifications (SMM) and Summary of Material	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

<p>Reduction in Covered Services or Benefits</p> <p>(Click on the SMM link above for model notices)</p>		<p>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 certain conditions are met)</p> <p><u>Note:</u> Timely distribution of a "Notice of Modification" (below) may satisfy these requirements.</p>
<p>Plan Documents (e.g., SPD, any SMMs, and other documents under which the plan is established or operated)</p> <p>(Model notice unavailable—plan documents are specific to each plan)</p>	<p>Group health plan participants & beneficiaries</p>	<p>Copies must be furnished within 30 days of a written request, and the plan administrator must make copies available for examination at its principal office (the DOL can also request any documents relating to the plan)</p>

Health Care Reform Notices

Notice	Provide To	When Due
<p>Forms 1094-C (Transmittal) and 1095-C (Employer-Provided Health Insurance Offer and Coverage)</p> <p>(Click on the links above for the forms)</p>	<p>For applicable large employers (ALEs) with fully-insured plans: Each employee who was a full-time employee for any month of the calendar year (and who was not in a limited non-assessment period)</p> <p>For ALEs with self-insured plans: Any employee who enrolls in the health</p>	<p>Form 1095-C must be furnished to covered individuals/full-time employees 30 days from Jan. 31 each year</p> <p>Forms 1094-C and 1095-C must generally be filed with the IRS by February 28 (or March 31, if filing electronically)</p>

coverage, whether or not the employee is a full-time employee for any month of the calendar year

[Forms 1094-B \(Transmittal\)](#) and [1095-B \(Health Coverage\)](#)

(Click on the links above for the forms)

Note: For self-insured ALEs only—such ALEs providing coverage to **non-employees** may use **either** the B series Forms or the C series Forms to report coverage for those individuals and other family members covered under the plan.

Responsible individuals enrolled in **self-insured** coverage (may be the primary insured, employee, former employee, or other related person named on the application)

Form 1095-B must be furnished to responsible individuals **30 days** from Jan. 31 each year

Forms 1094-B and 1095-B must generally be filed with the IRS by **February 28** (or **March 31**, if filing electronically)

[Health Insurance Exchange Notice](#)

(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)

All new employees

Within 14 days of an employee's start date

[Summary of Benefits and Coverage \(SBC\) & Uniform Glossary](#)

(Click on the link above for a list of

Group health plan participants & beneficiaries

Must be provided at specified times during the enrollment process and upon a participant or beneficiary's request, generally as follows:

- **Prior to initial enrollment** in the plan;

<p><i>all available templates and related documents)</i></p>		<ul style="list-style-type: none"> • Upon renewal of plan coverage; • Within 90 days of special enrollment; and • Within 7 business days following receipt of a request <p>(The SBC may be provided together with other 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.)</p>
<p>Notice of Modification <i>(Model notice unavailable)</i></p>	<p>Group health plan participants & beneficiaries</p>	<p>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</p> <p><i>Note:</i> A complete & timely notice may also satisfy the requirement to provide an SMM.</p>
<p>Disclosure of Grandfathered Status <i>(Click on the link above for model notice)</i></p>	<p>Group health plan participants & beneficiaries</p>	<p>In any plan materials for a grandfathered group health plan, provided to a participant or beneficiary, describing the benefits provided under the plan</p>
<p>Notice of Patient Protections <i>(Click on the link above for model notice)</i></p>	<p>Group health plan participants</p>	<p>Whenever a participant in a non-grandfathered group health plan requiring or providing for the designation of a participating primary care provider is furnished an SPD or other similar description of plan benefits</p>
<p>Patient-Centered Outcomes Research Institute (PCORI) Fees</p>	<p>Filed with the Internal Revenue Service</p>	<p>IRS Form 720 must be filed annually by plan sponsors of certain self-insured health plans, no later than July 31st of the calendar year immediately following the last day of the plan year to which a fee applies</p>

Health Insurance Portability and Accountability Act (HIPAA) Notices

Notice	Provide To	When Due
<p>Notice of Special Enrollment Rights</p> <p>(Click on the link above for model notice)</p>	<p>Employees eligible to enroll in the employer's group health plan</p>	<p>At or before the time an employee is initially offered the opportunity to enroll in the plan</p>
<p>Wellness Program Disclosure</p> <p>(Click on the link above for model notice)</p>	<p>Group health plan participants & beneficiaries eligible to participate in a health-contingent wellness program</p>	<p>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.</p> <p>If the plan materials merely mention that a program is available, without describing its terms, this disclosure is not required.</p>
<p>Notice of Privacy Practices</p> <p>(Click on the link above to download model notices in 4 different formats)</p> <p>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.</p>	<p>Individuals enrolled in the plan</p>	<p>Fully insured group plans that create or receive 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:</p> <p>To new enrollees: At the time of enrollment</p> <p>To individuals covered by the plan: 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

Notice	Provide To	When Due
<p>Surprise Billing Notice</p> <p>Effective for plan years beginning on or after Jan. 1, 2022</p> <p>(Click on the link above for model notice)</p>	<p>Plan participants, beneficiaries and enrollees</p>	<p>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.</p> <p>Note: 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.</p> <p>Click here for more information.</p>
<p>Women's Health & Cancer Rights Act (WHCRA) Notices</p> <p>(Click on the link above for model notices)</p>	<p>Group health plan participants & beneficiaries</p>	<p>Upon enrollment in a plan that provides coverage for medical and surgical benefits related to a mastectomy, and annually thereafter</p>
<p>Mental Health Parity & Addiction Equity Act (MHPAEA) Disclosure</p> <p>(Model notice unavailable)</p>	<p>Any current or potential group health plan participant, beneficiary, or contract provider</p>	<p>Upon request for a plan offering medical/surgical benefits and mental health or substance use disorder benefits</p> <p>Note: Certain plans that are exempt from the MHPAEA requirements based on increased cost may be subject to alternative disclosure rules.</p>
<p>Employer Children's Health Insurance Program (CHIP) Notice</p> <p>(Click on the link above for model notice)</p>	<p>All employees in states with group health plan premium assistance</p>	<p>Annually before the start of each plan year (may be provided with enrollment packets, open season materials, or the SPD)</p>

<p>Michelle's Law Notice</p> <p>(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)</p>	<p>Group health plan participants</p>	<p>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)</p>
<p>Newborns' and Mothers' Health Protection Act Notice</p> <p>(Click on the link above for model notice)</p>	<p>Group health plan participants</p>	<p>Must be included in the SPD for a plan providing maternity or newborn infant coverage</p>
<p>Medicare Part D Creditable Coverage Disclosure Notice or Non-Creditable Coverage Disclosure Notice</p> <p>(Click on the links above for model notices. Word versions unavailable.)</p>	<p>Medicare-eligible individuals (including certain dependents) who are offered prescription drug coverage under the employer's group health plan</p>	<p>Annually prior to October 15th, upon request, and at various other times as required under the law</p> <p>An online disclosure 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 other times</p>
<p>Genetic Information Nondiscrimination Act (GINA) Disclosures</p> <p>(The link above contains model "warning" language from the federal government as well as a sample general disclosure, which</p>	<p>Entities from whom requests for health-related information are made</p>	<p>Whenever an applicant or employee is sent for a medical examination by an employer with 15 or more employees</p> <p>An additional "warning" is required when requests for health-related information are made by employers with 15 or more 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</p>

<p><i>may be used for general reference purposes only.)</i></p>		
<p>ADA Notice Regarding Wellness Program</p> <p><i>(Click on the link above for sample notice)</i></p>	<p>All employees offered participation in a wellness program that collects employee health information</p>	<p>Must be provided before the employee provides any health information, with enough time for the employee to decide whether to participate in the program</p>
<p>Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice</p> <p><i>(Click on the link above for model notice)</i></p>	<p>All employees</p>	<p>May be posted where employers customarily place notices for employees</p>
<p>Individual Coverage HRA Notice</p> <p><i>(Click on the link above for model notice)</i></p>	<p>Eligible employees that are not offered traditional group health plan coverage</p>	<p>Generally no later than 90 days before the beginning of the Individual Coverage HRA plan year</p>

Consolidated Omnibus Budget Reconciliation Act (COBRA)* Notices

Notice	Provide To	When Due
<p>General Notice of COBRA Rights</p> <p><i>(Click on the link above for model notice)</i></p>	<p>Covered employees & their spouses</p>	<p>Within the first 90 days of coverage</p> <p><i>Note:</i> This requirement can be satisfied by including the general notice in a plan's SPD and giving the SPD to the employee and spouse within the first 90 days of coverage.</p>

<p>Notice of COBRA Qualifying Event</p> <p>(Model notice unavailable)</p>	<p>Plan administrator</p>	<p>The employer must provide notice within 30 days of the occurrence of a qualifying event that is the covered employee's death, termination of employment (other than for gross misconduct), reduction in hours, or entitlement to Medicare</p> <p><u>Note:</u> The employee or one of the qualified beneficiaries is responsible for notifying the plan if the qualifying event is divorce, legal separation, or loss of dependent status under the plan (the employee or qualified beneficiary has at least 60 days from the date of the event to give notice).</p>
<p>COBRA Election Notice</p> <p>(Click on the link above for model notice)</p>	<p>Covered employees, spouses, & dependent children who are qualified beneficiaries</p>	<p>Generally within 14 days after receiving notice of a qualifying event</p> <p><u>Note:</u> If the employer is also the plan administrator, the notice must be provided not later than 44 days after the date the qualifying event occurred or the date of loss of coverage due to the qualifying event (if the plan provides that COBRA coverage starts on the date of loss of coverage).</p>
<p>Notice of Unavailability of COBRA Coverage</p> <p>(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)</p>	<p>Individuals who have submitted a Notice of Qualifying Event who are determined ineligible for COBRA</p>	<p>Generally within 14 days after receiving notice of a qualifying event, unless the employer is also the plan administrator (see above note)</p>
<p>Notice of Underpayment of COBRA Premium</p> <p>(No model notice provided by the federal government. Sample notice available by clicking on the link</p>	<p>Qualified beneficiary who makes timely payment in an amount not significantly less than the amount due for a period of COBRA coverage</p>	<p>A plan must provide notice and grant a reasonable period of time (no less than 30 days) for payment of a deficiency, where the incorrect amount is not significantly less than the amount due, before taking action to terminate coverage</p>

<p>above for general reference purposes only.)</p>		
<p>Notice of Early Termination of COBRA Coverage</p> <p>(No model notice provided by the federal government. Sample notice available by clicking on the link above for general reference purposes only.)</p>	<p>Qualified beneficiaries whose COBRA coverage will terminate earlier than the maximum period of coverage</p>	<p>As soon as practicable following the plan administrator's determination that COBRA coverage will terminate</p>

Family and Medical Leave Act (FMLA)** Notices

Notice	Provide To	When Due
<p>General FMLA Notice</p> <p>(Click on the link above for model notice)</p>	<p>All employees</p>	<p>Must be posted prominently where it can be readily seen by employees and applicants, even if no employees are eligible for FMLA leave</p> <p>The notice must also be provided to each eligible employee by including it in employee handbooks or other written guidance concerning employee benefits or leave rights (if such written materials exist), or by distributing a copy to each new employee upon hiring, but only if the employer has any FMLA-eligible employees</p>
<p>Notice of FMLA Eligibility & Rights and Responsibilities</p> <p>(Click on the link above for model notice)</p>	<p>Employees requesting FMLA leave</p>	<p>Generally within 5 business days of the employee notifying the employer of the need for FMLA leave (or when the employer acquires knowledge that an employee's leave may be for an FMLA-qualifying reason)</p> <p><u>Note:</u> Written notice of any change in the employee's eligibility status, or the specific information provided by</p>

		the notice of rights and responsibilities, is also required (generally within 5 business days).
FMLA Designation Notice <i>(Click on the link above for model notice)</i>	Employees requesting FMLA leave	<p>Generally within 5 business days after the employer has enough information to determine whether the leave is being taken for an FMLA-qualifying reason (if leave is not designated as FMLA-qualifying, the notice may be in the form of a simple written statement)</p> <p><u>Note:</u> Written notice of any change to the information provided in the designation notice is also required, within 5 business days of receipt of the employee's first notice of the need for leave subsequent to any change.</p>

Employers With 100+ Employees Also Need To Comply With:

Notice	Provide To	When Due
Form 5500 Annual Return/Report & Schedules to Form 5500 <i>(Click on the links above to view the forms)</i>	<p>Filed electronically with the DOL through the ERISA Filing Acceptance System (EFAST2), using either EFAST2-approved vendor software or the IFILE web-based filing system</p> <p><u>Note:</u> The plan administrator must keep a copy of the Form 5500 on file and must make a paper copy available upon request to participants, beneficiaries, & the DOL (see "Plan Documents" above)</p>	<p>Generally by the last day of the 7th calendar month after the end of the plan year (not to exceed 12 months in length)</p> <p>A plan may obtain a one-time extension of time to file (up to 2½ months) by filing Form 5558 with the IRS on or before the date the Form 5500 would otherwise be due, without extension</p> <p><u>Note:</u> Depending on the plan design, certain exemptions may apply.</p>
Summary Annual Report (SAR) <i>(Model language)</i>	Each plan participant	<p>Plans subject to Form 5500 annual reporting requirements must provide the SAR annually within 9 months after the end of the plan year</p> <p><u>Note:</u> When an extension of the due date for filing Form</p>

can be located [here](#))

5500 has been granted by the IRS, the SAR must be provided within 2 months after the extended due date.

*[COBRA](#) generally applies to group health plans sponsored by employers with 20 or more employees, including **both** full- and part-time employees. Each part-time employee counts as a fraction of a full-time employee, with the fraction equal to the number of hours the part-time employee worked divided by the hours an employee must work to be considered full time. Companies that are part of a controlled group or which have common ownership interests should contact the U.S. Department of Labor or a knowledgeable attorney for issues related to headcount.

Private sector employers who employ 50 or more employees for at least 20 workweeks in the current or preceding calendar year are subject to FMLA. An employee must work at a location where the company employs 50 or more employees **within 75 miles (and meet certain other requirements with respect to time worked) to be eligible for FMLA leave. Any employee whose name appears on the employer's payroll will be considered employed each working day of the calendar week, and must be counted whether or not any compensation is received for the week.