



2020 Reporting & Disclosure Guide for Benefit Plans

New Name, New Feature

If you're a longtime user of this annual compliance resource, you may notice we've revised the name slightly: "guide" replaces "calendar."

That change reflects a new feature we've included to make it easier for you to identify which requirements in the 2020 *Reporting & Disclosure Guide for Benefit Plans* apply to each plan type: frequently asked questions (FAQs) about reporting and disclosure followed by links to where the relevant compliance requirements appear in the guide. The answers to the FAQs begin on page [21](#).

We hope you find this new feature helpful. Let us know.

Contact us.

If you have questions about the 2020 *Reporting & Disclosure Guide for Benefit Plans*, contact your Segal compliance consultant or Segal's Compliance Practice leaders:



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This Reporting & Disclosure Guide for Benefit Plans, which was posted in December 2019, 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, plan sponsors should rely on their attorneys for legal advice on questions of specific application to their plans.



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Requirements Introduced by the Affordable Care Act (ACA)¹

Item	Plans Affected	Recipients	Sender	Due Date
<p>Disclosure of “Grandfathered” Status² — 26 Code of Federal Regulations (CFR) §54.9815-1251T(a)(2), 29 CFR §2590.715-1251(a)(2) & 45 CFR §147.140(a)(2)</p> <p>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</p>	Grandfathered group health plans	Sent to participants and beneficiaries receiving benefits. No filing requirement	Plan administrator or health insurer	Notice must be provided in any and all materials describing benefits.
<p>Disclosure of Patient Protections: Choice of Providers — 26 CFR §54.9815-2719AT(a)(4), 29 CFR §2590.715-2719A(a)(4) & 45 CFR §147.138(a)(4)</p> <p>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</p>	Non-grandfathered group health plans	Sent to participants. No filing requirement	Plan administrator or health insurer	Notice must be provided with SPD or other similar description of benefits.
<p>Summary of Benefits and Coverage (SBC) — ACA §1001(5), 26 CFR §54.9815-2715, 29 CFR §2590.715-2715 & 45 CFR §147.200</p> <p>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</p>	Group health plans and health insurers	Sent to participants and beneficiaries. No filing requirement	Plan administrator or health insurer	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 certain benefit or employee or employer contribution changes that would result in the loss of grandfather status, and which have complied with certain notice requirements.

Requirements Introduced by the ACA *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>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)</p> <p>Plans must provide advance notice of any mid-year material modification in an SBC. A material modification is a change that would be important to a participant to an item listed in an SBC.</p>	Group health plans and health insurers	Sent to participants and beneficiaries. No filing requirement	Plan administrator, health insurer or plan sponsor	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.
<p>Notice of Rescission — 26 CFR §54.9815-2712T, 29 CFR §2590.715-2712 & 45 CFR §147.128</p> <p>Plans must provide advance written notice of retroactive termination of coverage due to fraud or intentional misrepresentation of material facts by participant.</p>	Group health plans and health insurers	Sent to participants and beneficiaries. No filing requirement	Plan administrator, health insurer or plan sponsor	Written notice must be provided at least 30 days before coverage may be retroactively terminated.
<p>Notice to Employees of Coverage Options — Fair Labor Standards Act (FLSA) §18B (added by ACA §1512)</p> <p>Employer must provide new employees with notice about health insurance marketplaces and their options for health coverage. Sample notice available</p>	Employers subject to FLSA	Sent to new employees whether enrolled in employer's group health plan or not. No filing requirement	Employer	Written notice must be provided to new hires within 14 days of employee's start date.
<p>Patient-Centered Outcomes Research Institute (PCORI) Fee — 26 CFR §46.4376-1</p> <p>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. Initially set to sunset in 2019, but Congress extended the fees for an additional 10 years. Fees now apply through plan years ending on or before 9/30/29.³</p>	Self-insured group health plans (insurer reports and pays for insured group coverage)	File with Internal Revenue Service (IRS) (Form 720)	Plan sponsor or plan administrator	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.
<p>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)</p> <p>Plans must disclose in all plan materials that describe a health-contingent wellness program availability of a reasonable-alternative standard to qualify for wellness program's reward. Sample language available</p>	Group health plans and health insurers	Include in all plan materials describing terms of wellness program	Plan administrator or health insurer	Include in SPD, enrollment materials and other materials describing terms of wellness program.

³ These fees were extended by Section 104 of Division N of the [Further Consolidated Appropriations Act](#), Public Law 116-94.

Requirements Introduced by the ACA *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>Wellness Program Notice Required by Equal Employment Opportunity Commission (EEOC) — 29 CFR §1630.14(d)(2)(iv)</p> <p>If wellness program includes disability-related inquiries or medical examinations, employer must provide 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</p>	Employee health programs, whether offered as part of a group health plan or separately from plan	Sent to employees. No filing requirement	Employer or plan administrator	Provide to employees before they are asked to answer disability-related inquiries or undergo medical examinations
<p>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</p> <p>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).</p>	Large employers. Enrollment information for self-insured group health plans is also captured on Form 1095-C.	Sent to full-time employees. Filed with IRS	Large employers	Must be filed with IRS by 2/28/20 (3/31/20 if filed electronically) and sent to employees by 3/2/20
<p>Form 1095-B (Health Coverage) & Form 1094-B (Transmittal of Health Coverage Information Returns) — IRC §6055</p> <p>Employers that are not large employers that offer self-insured minimum essential coverage must provide employees with Form 1095-B, documenting enrollment in plan coverage, and file all such forms with IRS (along with Form 1094-B transmittal).</p>	Self-insured group health plans offered by small employers. If plan (or plan option) is insured, health insurance carrier is responsible for Form 1095-B.	Sent to enrolled employees (or other “responsible individual”). Filed with IRS	Employer if plan is self-insured. Insurance carrier if plan (or plan option) is insured	Must be filed with IRS by 2/28/20 (3/31/20 if filed electronically) and sent to employees by 3/2/20
<p>Affordable Care Act §1557 Notice of Nondiscrimination and Statement of Nondiscrimination with Taglines — 45 CFR §92.8</p> <p>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 §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</p>	Group health plans that accept federal funding from Department of Health and Human Services (HHS), such as Retiree Drug Subsidy (RDS). Employers that receive federal funding from HHS (e.g., hospitals or universities) would be covered entities for both services they provide and their employee benefit plans.	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.	Plan sponsor or plan administrator	Include in significant publications and communications

Department of Health and Human Services (HHS) Requirements

Item	Plans Affected	Recipients	Sender	Due Date
<p>Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices for Protected Health Information (PHI) — HHS Reg. §164.520</p> <p>Notice to participants describing their rights, plan's legal duties with respect to PHI and plan's uses and disclosures of PHI</p>	Group health plans	Sent to participants. No filing requirement	Plan administrator	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.
<p>Breach Notification for Unsecured PHI under HITECH Act⁴ — HHS Reg. §164.400 et seq.</p> <p>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.</p>	Group health plans as well as other covered entities under HIPAA and their business associates	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	Plan administrator	Within 60 days of discovery of breach of unsecured PHI
<p>Notice of Creditable Coverage — 42 United States Code (USC) §1395w-113(b)(6) & Public Health Service Act (PHSA) Regs. §§423.56 & 423.884</p> <p>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</p>	Group health plans that provide prescription drug coverage to Part D-eligible individuals, except with respect to individuals covered under a Part D plan	Sent to participants and beneficiaries eligible for Part D. No filing requirement	Plan sponsor	Notice must be provided (1) prior to annual Part D open enrollment period (10/15/20–12/7/20); (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	Plans Affected	Recipients	Sender	Due Date
<p>Creditable Coverage Disclosure Notice to CMS — 42 USC §1395w-113(b)(6) & PHS Reg. §423.56(e)</p> <p>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</p>	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.	No participant reporting requirement. Filed with CMS through online form	Plan sponsor	Annually, 60 days after beginning of plan year. Also within 30 days of termination of plan's prescription drug coverage or after a change in creditable status of plan
<p>Application for RDS & Attestation of Actuarial Equivalence — 42 USC §1395w-132 & PHS Reg. §423.884</p> <p>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 in last column. 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.</p>	Group health plans that provide retiree drug coverage and are applying for RDS under Medicare Modernization Act of 2003 ⁵	No participant reporting requirement. Filed with CMS through online RDS system	Plan sponsor	Subsidy application, initial retiree list and attestation must be submitted annually, at least 90 days prior to start of plan year (<i>e.g.</i> , 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.
<p>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)</p> <p>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.</p>	Group health plans. Health Reimbursement Arrangement (HRA) coverage that reflects an annual benefit level of \$5,000 or more.	No participant reporting requirement. Filed with CMS	Insurers, third-party administrators and, starting in 2020, pharmacy benefit managers. For self-insured, self-administered group health plans, plan administrator or plan fiduciary.	All plans should already be registered and reporting on medical benefits. Reporting is extended to prescription drug benefits starting in 2020. ⁶

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

⁶ These requirements were extended to prescription drug benefits by Section 4002 of the SUPPORT for Patients and Communities Act, Public Law 115-271, available [here](#).

Department of Labor (DOL) Requirements

Item	Plans Affected	Recipients	Sender	Due Date
<p>Summary Plan Description (SPD) — Employee Retirement Income Security Act (ERISA) §§102 & 104(b) & DOL Regs. §§2520.102-2 & 3 & 2520.104b-2</p> <p>Summary of plan provisions and certain standard language as required by ERISA</p>	All employee benefit plans subject to Title I of ERISA; alternative reporting requirements apply for top-hat, apprenticeship and certain other plans	Sent to participants and beneficiaries receiving benefits. No filing requirement. See “Plan Documents” below	Plan administrator	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 ⁷ receiving benefits under pension plan, within 90 days after first receiving benefits
<p>Summary of Material Modifications (SMM) — ERISA §§102 & 104(b)(1) & DOL Reg. §2520.104b-3</p> <p>Summary of changes in any information required in SPD</p>	All employee benefit plans subject to Title I of ERISA; alternate reporting requirements for top-hat, apprenticeship and certain other plans	Sent to participants and beneficiaries receiving benefits, with exceptions for certain updates. No filing requirement. See “Plan Documents” below	Plan administrator	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
<p>Summary Annual Report — ERISA §104(b)(3) & DOL Reg. §2520.104b-10</p> <p>Narrative summary of financial information reported on Form 5500 (see “Form 5500 Series”) and statement of right to receive annual report. New sample report available, see “General Reporting and Filing Compliance” tab</p>	Employee benefit plans subject to Title I of ERISA, except for defined benefit (DB) plans subject to Title IV of ERISA and as exempted in DOL Reg. §2520.104b-10(g)	Sent to participants and beneficiaries receiving benefits. No filing requirement	Plan administrator	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
<p>Plan Documents — ERISA §§104(b)(2) & (4) & DOL Reg. §2520.104b-1(b)(3)</p> <p>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</p>	All employee benefit plans subject to Title I of ERISA	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	Plan administrator	Copies must be provided within 30 days after a written request.

⁷ Under §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. See Preamble, Annual Funding Notice for Defined Benefit Plans, 80 Fed. Reg. 21, p. 5638 (2/2/15). For purposes of this guide, 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	Plans Affected	Recipients	Sender	Due Date
<p>Periodic Pension Benefit Statements — ERISA §105(a) & DOL Field Assistance Bulletins (FABs) 2006-3 & 2007-3</p> <p>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.</p>	DB and defined contribution (DC) plans	<p>DC plans with participant-directed investments: Sent to participants and beneficiaries who may direct investments.</p> <p>DC plans without participant-directed investments: Sent to participants and beneficiaries with accounts.</p> <p>DB plans: Sent to participants with vested benefits who are currently employed by employer maintaining plan. No filing requirement</p>	Plan administrator	<p>DC plans with participant-directed investments: Within 45 days after close of each quarter.</p> <p>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.</p> <p>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.</p>
<p>Report at Termination or One-Year Break in Service — ERISA §209(a)</p> <p>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”</p>	DB and DC plans	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	Plan administrator	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 required by 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.

DOL Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>Annual Funding Notice — ERISA §101(f) & DOL Reg. §2520.101-5</p> <p>Required notice that must contain certain identifying and funding information. Required information includes Funding Target Attainment Percentage (FTAP) for current and two preceding plan years; total assets (with credit balances) and liabilities for those three years; number of plan participants who are receiving benefits, are terminated vested participants or are active participants; a statement of funding policy and asset allocation; and other information. Sample notice available</p> <p>Sample language to be added for Moving Ahead for Progress in 21st Century Act and Highway and Transportation Funding Act of 2014 available as FAB 2013-1 and FAB 2015-01</p>	DB plans subject to Title IV of ERISA	Sent to participants, beneficiaries receiving benefits and participating unions. Filed with Pension Benefit Guaranty Corporation (PBGC) if underfunding is \$50 million or more (or if PBGC requests)	Plan administrator	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)
<p>Notice of Failure to Meet Minimum Funding Standard — ERISA §101(d)</p> <p>Required notice of employer's failure to make required minimum funding payments</p>	DB plans and DC plans subject to funding requirements	Sent to participants, beneficiaries and alternate payees. No filing requirement	Plan administrator	DOL regulations to prescribe time and manner for furnishing notice. Until then DOL's position is "within a reasonable period of time after failure." Failure occurs if required contributions are not made within 60 days of due date.
<p>Intranet Posting of DB Plan Actuarial Information — ERISA §104(b)(5)</p> <p>If a DB plan sponsor (or plan administrator on behalf of sponsor) maintains an intranet site (not public) for communicating with employees or participants, sponsor (or plan administrator) must post on that site "identification and basic plan information and actuarial information" as filed in plan's Form 5500.</p>	Apparently only DB plans, but no guidance has been issued	Notice of posting not currently required. No filing requirement	Sponsor or plan administrator on behalf of sponsor	Unknown (guidance not yet issued). DOL must post full Form 5500 on DOL website within 90 days of Form 5500 filing date.
<p>Notice of Availability of Investment Advice — ERISA §§408(b)(14) & 408(g)(1) & DOL Reg. §2550.408g-1</p> <p>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</p>	DC plans with participant-directed investments if plan sponsor wants to make investment advice services available with respect to such investments	Sent to participants and beneficiaries. No filing requirement	Fiduciary adviser	Before initial provision of information and annually thereafter with updates more often (if necessary)

DOL Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>Blackout Period Notification — ERISA §101(i) & DOL Reg. §2520.101-3</p> <p>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</p>	DC plans with participant-directed investments	Sent to participants and beneficiaries affected by blackout period; also sent to issuers of affected employer securities held by plan. No filing requirement	Plan administrator	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.
<p>Disclosure of Plan Fees and Expenses — ERISA §404(a) & DOL Reg. §2550.404a-5</p> <p>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</p>	DC plans with participant-directed investments	Sent to participants, including employees who are eligible to participate, but who have not actually enrolled, and plan beneficiaries. No filing requirement	Plan administrator	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 within 45 days after end of quarter.
<p>§404(c) Disclosures — ERISA §404(c) & DOL Reg. §2550.404c-1</p> <p>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; required disclosures under ERISA §404(a) (see "Disclosure of Plan Fees and Expenses" above); and a description of confidentiality procedures applicable to investment direction of employer securities in an employer security investment option, if available.</p>	DC plans with participant-directed investments that want protection under ERISA §404(c)	Provided to participants and beneficiaries. No filing requirement	Plan administrator	ERISA §404(c) disclosures must be provided before a participant makes an investment decision in order for a plan's fiduciary liability with respect to decision to be limited.
<p>Summary of Material Reduction in Covered Services or Benefits — ERISA §104(b) & DOL Reg. §2520.104b-3(d)</p> <p>Summary description of modification or change that would be considered by average plan participant to be an important reduction in covered services or benefits</p>	Group health plans subject to Title I of ERISA	Sent to participants. No filing requirement	Plan administrator	Not later than 60 days after adoption of modification or change, or at regular intervals of not more than 90 days

DOL Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>Women’s Health and Cancer Rights Act (WHCRA) Notices — ERISA §713</p> <p>Description of benefits under WHCRA and any deductibles and coinsurance limits applicable to such benefits. Sample notice available</p>	Group health plans that provide for mastectomy benefits	Sent to participants and beneficiaries. No filing requirement	Plan administrator	Upon enrollment in plan and annually thereafter
<p>Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Disclosure of Plan Benefits — ERISA §701(f)(3)(B)(ii)</p> <p>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</p>	Group health plans and health insurers	No participant reporting requirement. Filed with requesting state	Plan administrator	If requested by state Medicaid or CHIP, provide within 30 days of date that request was sent to plan.
<p>CHIPRA Notice to Employees — ERISA §701(f)(3)(B)(i)</p> <p>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</p>	Group health plans and health insurers	Sent to participants and beneficiaries. No filing requirement	Employer	Annually, by first day of plan year
<p>Form M-1 — ERISA §101(g) & DOL Reg. §2520.101-2</p> <p>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</p>	Multiple Employer Welfare Arrangements (MEWAs)	No participant reporting requirement. Filed with DOL’s Employee Benefits Security Administration	MEWA administrator or plan sponsor	3/1 of each year for previous calendar year. For newly established MEWAs, within 90 days of date coverage begins, unless it is established between 10/1 and 12/31. In that case, 3/1 date applies.

Internal Revenue Services (IRS) Requirements

Item	Plans Affected	Recipients	Sender	Due Date
<p>Form 1099-MISC (Report of Miscellaneous Income) — Internal Revenue Code (IRC) §6041</p> <p>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</p>	Retirement plans and health and welfare benefit plans	Sent to service provider or other recipient of payment. Filed with IRS (magnetic media required for 250 or more forms)	Payer	Send to recipients by 1/31/20. File with IRS by 1/31/20 (whether filing on paper or electronically) if reporting non-employee compensation in Box 7; otherwise file by 3/31/20 if filing electronically or by 2/28/20 if filing on paper. File with Form 1096 if filing on paper.
<p>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</p> <p>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. (Different withholding requirements apply for non-periodic payments and eligible rollover amounts, and to individuals living abroad.)</p>	DB and DC plans	Sent to participants and beneficiaries applying for periodic distributions. No filing requirement; amount withheld is remitted to IRS.	Payer	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.
<p>Form 1099-R</p> <p>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</p>	DB and DC plans	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)	Payer	Send to participants by 1/31/20. File with IRS by 3/31/20 if filing electronically or by 2/28/20 if filing on paper. File with Form 1096 if filing on paper.
<p>Explanation of Rollover and Certain Tax Options — IRC §402(f), Treas. Regs. §§1.402(f)-1 & 1.402A-1 Q5 & Notice 2018-74</p> <p>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. Notice 2018-74, issued 9/18/18, modifies notice 2014-74.</p>	DB and DC plans	Sent to participants and beneficiaries who will receive or can elect to receive eligible rollover distributions. No filing requirement	Plan administrator	Generally, at least 30 but no more than 180 days prior to distribution date (or, if plan administrator chooses, annuity starting date)

IRS Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>Form 8955-SSA (Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits) — IRC §6057</p> <p>Provides information on recently terminated vested participants</p>	DB and DC plans	<p>Filed with IRS. See “Notice to Separated Participants with Deferred Vested Benefits” for related notice to participants and information about answering Question 8 of this Form</p>	Plan administrator	<p>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).” 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. Information about certain exceptions available</p>
<p>Notice of Intent to Use §401(k) Safe-Harbor Formula — IRC §401(k)(12), Treas. Reg. §1.401(k)-3(d) & Notice 2016-16</p> <p>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 available. Requirements, including notice requirements, related to mid-year changes in safe-harbor matching or safe-harbor nonelective employer contributions available</p>	§401(k) plans	<p>Sent to participants and all employees eligible to participate under safe-harbor formula. No filing requirement</p>	Plan administrator	<p>Initial notice for new plan or newly eligible employees: No more than 90 days before and no later than eligibility date.</p> <p>Annual notice: At least 30 but no more than 90 days before beginning of plan year</p>

IRS Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>Form W-2 (Wage and Tax Statement) — IRC §3401, ACA §9002 & IRC §6051(a)(14)</p> <p>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.</p> <p>Form W-2 available. Instructions available</p>	Health and welfare benefit plans, employers	Sent to employees. Filed with Social Security Administration (SSA) (magnetic media required for 250 or more forms)	Employer	Send to participants by 1/31/20. File form W-3 with SSA by 1/31/20 (whether filing on paper or electronically). Deadline for filing with SSA has been accelerated to same deadline as for providing to participants.
<p>Form 990 & Form 990EZ (Annual Return of Organization Exempt from Income Tax) — IRC §501(c)</p> <p>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.</p>	Health and welfare benefit plans	Sent to participants on written request. Filed with IRS	Plan administrator	Must be filed by 15 th day of fifth month after end of plan year. Use Form 8868 to request 90-day extensions.
<p>Form 8928 (Return of Certain Excise Taxes Under Chapter 43 of IRC) — IRC §§4980B & 4980D</p> <p>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.</p>	Group health plans	No participant reporting requirement. Filed with IRS	Plan administrator	Must be filed on or before due date for filing responsible party's federal income tax return. An automatic six-month extension is available by filing Form 7004 (which must be filed on or before regular filing date for Form 8928).

Joint DOL/IRS Requirements

Item	Plans Affected	Recipients	Sender	Due Date
<p>Form 5500 Series (Annual Return/Report of Employee Benefit Plan) and Schedules⁸ — ERISA §§103-104 & 4065, DOL Reg. §2520.103 & IRC §6058</p> <p>Annual report filed by employee benefit plans subject to ERISA and IRC for purposes of providing plan information to DOL, IRS and PBGC. A short form (5500-SF) is available for plans with fewer than 100 participants as of first day of plan year that are exempt from financial audit requirements, are fully invested in certain secure investments and hold no employer stock. Only certain schedules are required to be filed with Form 5500-SF. Plans generally have to file using DOL's E-Fast system. More information available</p>	All employee benefit plans (exceptions for top-hat plans, certain welfare arrangements, apprenticeship plans and dependent-care assistance plans)	Sent to participants and beneficiaries on written request. Filing requirements vary with type and size of plan. Filed with DOL. Electronic filing is required.	Plan administrator	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. For corporations and controlled groups, where plan year and taxable year are same, deadline is extended to corporate return due date. If filing for a Direct Filing Entity (DFE), 9½ months after close of DFE's year, no extension is permitted.
<p>Form 5558 (Application for Extension of Time)</p> <p>To request extension of time in which to file Form 5500 or Form 8955-SSA or both (maximum 2½ months)</p>	All employee benefit plans subject to Form 5500 or Form 8955-SSA reporting	Filed with IRS	Plan administrator	On or before normal due date for filing Form 5500 or Form 8955-SSA. Filing required, but approval is automatic.
<p>Notice to Separated Participants with Deferred Vested Benefits — IRC §6057(e), ERISA §105(c) & Treas. Reg. §301.6057-1(e)</p> <p>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</p>	DB and DC plans	Sent to separated participants with deferred vested benefits listed on Form 8955-SSA with respect to a plan year. No filing requirement	Plan administrator	No later than date on which related Form 8955-SSA is required to be filed (including extensions). See " Form 8955-SSA "
<p>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</p> <p>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.</p>	DB and DC plans	Sent to participants. No filing requirement	Plan administrator	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

⁸ 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 – Certain Money Purchase Plan Actuarial Information (filed by single-employer money purchase plans amortizing funding waivers); Schedule R – Retirement Plan Information (filed by DB plans and, with certain exceptions, DC plans); and Schedule SB – Single Employer Actuarial Information (filed by single-employer DB plans and money purchase plans that are not amortizing funding waivers).

Joint DOL/IRS Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>Notice of Reduction in Future Accruals — ERISA §204(h), IRC §4980F & Treas. Reg. §54.4980F-1</p> <p>Notice of amendment significantly reducing rate of future accruals, including reductions in early retirement benefits or retirement-type subsidies</p>	DB plans and DC plans subject to funding rules	Sent to participants and alternate payees expected to be affected and unions representing affected participants. No filing requirement	Plan administrator	Generally, 45 days before effective date of amendment. There are special rules for small plans (generally fewer than 100 participants with accrued benefits) and certain corporate transactions.
<p>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</p> <p>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</p>	DB plans, DC plans subject to funding rules and certain other DC plans	Sent to participants. No filing requirement	Plan administrator	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
<p>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</p> <p>Notice explaining terms and conditions of QPSA, right to waive, right to revoke waiver and spousal consent requirement</p>	DB plans, DC plans subject to funding rules and certain other DC plans	Sent to vested participants and nonvested participants who are active employees. No filing requirement	Plan administrator	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.
<p>Notice of Benefit Limitations and Restrictions — ERISA §§101(j) & 206(g) & IRC §436 & Notice 2012-46</p> <p>Notice that plan has become subject to benefit restrictions on contingent benefits, benefit payments or benefit accruals, as applicable, when plan's adjusted FTAP is less than specified percentages</p>	DB plans	Sent to participants and beneficiaries. No filing requirement	Plan administrator	Generally, within 30 days after plan is subject to benefit limitations relating to unpredictable contingent event benefits and prohibited payments, benefit accruals are required to cease, or a new annuity election is available because a prohibited benefit payment period has ended
<p>Suspension of Benefits Notice — IRC §411(a)(3)(B), ERISA §203(a)(3) & DOL Reg. §2530.203-3</p> <p>Notice of suspension of benefits during covered employment that continues after plan's normal retirement age (NRA) or on reemployment after NRA</p>	DB plans that contain suspension-of-benefits provisions	Sent to participants working past or rehired after NRA. No filing requirement	Plan administrator	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.

Joint DOL/IRS Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>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</p> <p>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. IRS regulations provide exceptions for plans that hold employer securities indirectly as part of certain broader investment funds that meet specified requirements.</p>	DC plans with publicly traded employer securities, including DC plans without participant-directed investments	Sent to participants and beneficiaries. No filing requirement	Plan administrator	No later than 30 days before date participant is first eligible to exercise right of diversification
<p>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)</p> <p>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 percentage and how contributions will be invested in absence of an investment election. Sample notice available</p>	§401(k) plans using automatic enrollment	Sent to participants and each employee eligible to participate for year. No filing requirement	Plan administrator	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.
<p>Notice of Qualified Default Investment Alternative (QDIA) — IRC §414(w), ERISA §404(c)(5) & DOL Reg. §2550.404c-5(d)</p> <p>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 "§404(c) Disclosures.") Sample notice available</p>	DC plans with participant-directed investments	Sent to participants and beneficiaries. No filing requirement	Plan administrator	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
<p>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</p> <p>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</p>	Group health plans	Sent to affected participants and other qualified beneficiaries. No filing requirement	Plan administrator	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

Joint DOL/IRS Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>Notice of Unavailability of Continuation Coverage under COBRA — DOL Reg. §2590.606-4(c)</p> <p>Notice to qualified beneficiaries that have sent a qualifying event notice to plan administrator of reasons why they are not entitled to COBRA coverage</p>	Group health plans	Sent to affected qualified beneficiaries. No filing requirement	Plan administrator	Within same time frame that plan administrator would have had to provide an election notice had person been eligible for COBRA (generally 14 days after receipt of notice of a qualifying event or, where employer is also administrator, 44 days after notice of qualifying event)
<p>Notice of Termination of Continuation Coverage — DOL Reg. §2590.606-4(d)</p> <p>Notice to qualified beneficiaries that their COBRA coverage is terminating early (<i>i.e.</i>, before end of maximum coverage period)</p>	Group health plans	Sent to affected qualified beneficiaries. No filing requirement	Plan administrator	As soon as practicable following administrator's determination that continuation coverage shall terminate early
<p>Notice of Insufficient Payment of COBRA Premium — Treas. Reg. §54.4980B-8, Q&A5(d)</p> <p>Notice to qualified beneficiary that payment for COBRA continuation coverage was less (but not "significantly less") than correct amount</p>	Group health plans	Sent to affected qualified beneficiaries. No filing requirement	Plan administrator	Plan must provide reasonable period to cure deficiency before terminating COBRA. A 30-day grace period will be considered reasonable.
<p>Notice of Special Enrollment Rights — ERISA §701 & IRC §9801</p> <p>Notice to participants of HIPAA special enrollment rights upon acquiring a new dependent or loss of other coverage. Sample notice available</p>	Group health plans	Sent to participants. No filing requirement	Plan administrator or health insurer	On or before date participant is offered opportunity to enroll in group health plan
<p>Notice of Coverage Relating to Hospital Length of Stay in Connection with Childbirth — ERISA §711(d) & DOL Reg. §2520.102-3(u)</p> <p>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</p>	Group health plans that provide maternity or newborn coverage	Sent to participants. No filing requirement	Plan administrator or health insurer	Within SPD time frame
<p>Michelle's Law — ERISA §714 & IRC §9813</p> <p>Requires extended coverage for post-secondary education students on medical leave</p>	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 participants. Any notice regarding student status certification must describe rights to continued coverage during a medically necessary leave of absence. No filing requirement	Plan administrator or health insurer	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) Requirements

Item	Plans Affected	Recipients	Sender	Due Date
<p>PBGC Comprehensive Premium Filing — ERISA §4007 & PBGC Reg. §4007.11</p> <p>Form used to file flat-rate premium payment and variable-rate premium payment. Links to premium filing system and filing instructions available</p>	DB plans	Filed with PBGC. Electronic filing is mandatory, absent a PBGC-granted exemption for good cause. No participant disclosure requirement	Plan administrator	Generally, 15 th day of 10 th calendar month after first day of plan year
<p>PBGC Form 10-Advance (Advance Notice of Reportable Events) — ERISA §4043 & PBGC Reg. §4043 Subparts A & C</p> <p>Report of change or liquidation of plan sponsor or controlled group member, insolvency, transfer of benefit liabilities, extraordinary dividend or stock redemption, application for minimum funding waiver or loan default.</p>	PBGC-covered DB plans sponsored by a member of a controlled group with no non-public companies if members have single-employer plans that have aggregate unfunded vested benefits totaling more than \$50 million and an aggregate vested benefit funding percentage of less than 90%	Filed with PBGC; electronic filing required. More information available . No participant disclosure requirement	Each contributing sponsor; however, filing by any one sponsor satisfies requirement	In general, plan sponsor must notify PBGC 30 days before effective date of event. PBGC has extended 30-day deadline for some events in specified circumstances. PBGC has waived advance reporting for certain reportable events in specified circumstances.
<p>PBGC Form 10 (Post-Event Notice of Reportable Events) — ERISA §4043 & PBGC Reg. §4043 Subparts A & B</p> <p>Report of reduction in number of active participants, failure to make minimum funding payments, inability to pay benefits when due, distribution to a substantial owner, transfer of benefit liabilities, change or liquidation of sponsor or controlled group member, insolvency, extraordinary dividend or stock redemption, application for minimum funding waiver and loan default unless an exception is satisfied.</p>	PBGC-covered DB plans	Filed with PBGC; electronic filing required. More information available . No participant disclosure requirement	Each contributing sponsor and plan administrator; however, filing by any one sponsor satisfies requirement	Generally, within 30 days after plan administrator or contributing sponsor knows or has reason to know a reportable event has occurred. This deadline is extended for some events and for certain types of information in certain specified circumstances. PBGC has waived post-event reporting in certain circumstances, including, for some events, good financial health of sponsor or plan not owing variable-rate premiums.

PBGC Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>PBGC Financial and Actuarial Information Reporting — ERISA §4010 & PBGC Reg. §4010</p> <p>Annual financial and actuarial information notice of plan's funding status and limits on PBGC's guarantee.</p>	<p>PBGC-covered DB plans if prior year's FTAP of any plan in controlled group is less than 80% (using non-stabilized interest rates). There is an exception where all PBGC-covered single-employer plans of controlled group members have in aggregate less than \$15 million in unfunded vested benefits (using non-stabilized interest rates). There is also an exception for controlled groups with plans with fewer than 500 participants. ERISA also requires reporting if there are missed contributions of \$1 million or more or a lien for \$1 million or more, but regulation provides a waiver if event was already reported to PBGC as a reportable event.</p>	<p>Filed with PBGC; electronic filing required. More information available. No participant disclosure requirement</p>	<p>Contributing sponsor and each member of contributing sponsor's controlled group. One report on behalf of entire controlled group satisfies requirement</p>	<p>On or before 105th day after end of filer's fiscal year (or calendar year, if controlled group members have different fiscal years).</p>

PBGC Requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
<p>PBGC Form 200 (Notice of Failure to Make Required Contributions) — IRC §430(k)(4), ERISA §303(k)(4) & PBGC Reg. §4043.81</p> <p>Notification of plan sponsor’s failure to pay quarterly contributions to a DB plan where total unpaid balance is at least \$1 million</p>	<p>PBGC-covered DB plans</p>	<p>Filed with PBGC; electronic filing required. More information available. No participant disclosure requirement</p>	<p>Contributing sponsor and, if contributing sponsor is a member of a “parent-subsiary” controlled group, ultimate parent; however, filing by either one satisfies requirement</p>	<p>No later than 10 days after due date for any required payment that was not paid when due</p>
<p>Substantial Cessation of Operations Notice — ERISA §§4062(e) (as revised in its entirety, effective 12/16/14, by Pub. L.113-235 (H.R. 83), Consolidated and Further Continuing Appropriations Act, 2015, Division P, §1) & 4063</p> <p>Notice to advise PBGC of permanent cessations of operations at a facility in any location if, as a result of such cessation, there is a “workforce reduction” of more than 15% of all employees eligible to participate in any plan of any employer in controlled group. Requirement does not apply to a plan if — for year before year of cessation — it did not have at least 100 participants as of its valuation date or if ratio of market value of assets to funding target was 90% or greater.</p>	<p>DB plans</p>	<p>Sent to PBGC. More information available</p>	<p>Plan sponsor</p>	<p>60 days after trigger satisfied</p>

Frequently Asked Questions about Reporting and Disclosure Requirements*

Retirement Plans

What do I need to process a pension benefit application?

- [Notice and Reminder of Election Regarding Withholding from Annuity and Pension Plan Payments](#)
- [Explanation of Rollover and Certain Tax Options](#)
- [Notice of Right to Defer Distribution and Consequences of Failure to Defer Distribution](#)
- [Explanation of QJSA & QOSA](#)
- [Explanation of QPSA \(if applicable\)](#)
- [Suspension of Benefits Notice \(if applicable\)](#)

What do I need to process a termination of employment?

- [Report at Termination or One-Year Break in Service](#)
- [Form 8955-SSA \(Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits\)](#)
- [Form 5558 \(Application for Extension of Time\) \(for extension of Form 8955-SSA filing\)](#)
- [Notice to Separated Participants with Deferred Vested Benefits](#)

What do I need to enroll employees in a §401(k) plan with automatic enrollment?

- [SPD](#)
- [SMM](#)
- [Notice of Availability of Investment Advice \(if provided\)](#)
- [Disclosure of Plan Fees and Expenses \(if participant-directed\)](#)
- [Section 404\(c\) Disclosures \(if participant-directed\)](#)
- [Notice of Intent to Use §401\(k\) Safe-Harbor Formula \(if plan is a “safe-harbor” §401\(k\)\)](#)
- [Notice of Right to Divest Employer Securities](#)
- [Notice of QACA & EACA \(if applicable\)](#)

What do I need to enroll employees in a DB plan?

- [SPD](#)
- [SMM](#)

Which reporting and disclosure requirements apply to DB plans?

- [SPD](#)
- [SMM](#)
- [Plan Documents](#)
- [Periodic Pension Benefit Statements](#)
- [Report at Termination or One-Year Break in Service](#)
- [Notice of Failure to Meet Minimum Funding Standard](#)
- [Annual Funding Notice](#)
- [Intranet Posting of DB Plan Actuarial Information](#)
- [Form 1099-MISC \(Report of Miscellaneous Income\)](#)
- [Notice and Reminder of Election Regarding Withholding from Annuity and Pension Plan Payments](#)
- [Form 1099-R](#)
- [Explanation of Rollover and Certain Tax Options](#)
- [Form 8955-SSA \(Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits\)](#)
- [Form 5500 Series \(Annual Return/Report of Employee Benefit Plan\) and Schedules](#)
- [Form 5558 \(Application for Extension of Time\)](#)
- [Notice to Separated Participants with Deferred Vested Benefits](#)
- [Notice of Right to Defer Distribution and Consequences of Failure to Defer Distribution](#)
- [Notice of Reduction in Future Accruals](#)
- [Explanation of QJSA & QOSA](#)
- [Explanation of QPSA \(if applicable\)](#)
- [Notice of Benefit Limitations and Restrictions](#)
- [Suspension of Benefits Notice \(if applicable\)](#)

- [PBGC Comprehensive Premium Filing](#)
- [PBGC Form 10-Advance \(Advance Notice of Reportable Events\)](#)
- [PBGC Form 10 \(Post-Event Notice of Reportable Event\)](#)
- [PBGC Financial and Actuarial Information Reporting \(if prior year's FTAP of any plan in controlled group is less than 80%\)](#)
- [PBGC Form 200 \(Notice of Failure to Make Required Contributions\)](#)
- [Substantial Cessation of Operations Notice](#)

Which reporting and disclosure requirements apply to defined contribution (DC) plans (money purchase/annuity)?

- [SPD](#)
- [SMM](#)
- [Summary Annual Report](#)
- [Plan Documents](#)
- [Periodic Pension Benefit Statements](#)
- [Report at Termination or One-Year Break in Service](#)
- [Notice of Failure to Meet Minimum Funding Standard](#)
- [Notice of Availability of Investment Advice \(if provided\)](#)
- [Blackout Period Notification \(if participant-directed\)](#)
- [Disclosure of Plan Fees and Expenses \(if participant-directed\)](#)
- [Section 404\(c\) Disclosures \(if participant-directed\)](#)
- [Form 1099-MISC \(Report of Miscellaneous Income\)](#)
- [Notice and Reminder of Election Regarding Withholding from Annuity and Pension Plan Payments](#)
- [Form 1099-R](#)
- [Explanation of Rollover and Certain Tax Options](#)
- [Form 8955-SSA \(Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits\)](#)
- [Form 5500 Series \(Annual Return/Report of Employee Benefit Plan\) and Schedules](#)

* Please note: These FAQs identify only those requirements included in this *R&D Guide*. Other requirements not included in the *Guide* also might apply to a particular question or plan type.

- [Form 5558 \(Application for Extension of Time\)](#)
- [Notice to Separated Participants with Deferred Vested Benefits](#)
- [Notice of Right to Defer Distribution and Consequences of Failure to Defer Distribution](#)
- [Notice of Reduction in Future Accruals](#)
- [Explanation of QJSA & Qualified Optional Survivor Annuity](#)
- [Explanation of QPSA \(if applicable\)](#)
- [Notice of Right to Divest Employer Securities](#)
- [Notice of QDIA \(if participant-directed\)](#)

Which reporting and disclosure requirements apply to DC plans (profit-sharing, not §401(k), not subject to QJSA?)

- [SPD](#)
- [SMM](#)
- [Summary Annual Report](#)
- [Plan Documents](#)
- [Periodic Pension Benefit Statements](#)
- [Report at Termination or One-Year Break in Service](#)
- [Notice of Availability of Investment Advice \(if provided\)](#)
- [Blackout Period Notification \(if participant-directed\)](#)
- [Disclosure of Plan Fees and Expenses \(if participant-directed\)](#)
- [Section 404\(c\) Disclosures \(if participant-directed\)](#)
- [Form 1099-MISC \(Report of Miscellaneous Income\)](#)
- [Notice and Reminder of Election Regarding Withholding from Annuity and Pension Plan Payments](#)
- [Form 1099-R](#)
- [Explanation of Rollover and Certain Tax Options](#)
- [Form 8955-SSA \(Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits\)](#)
- [Form 5500 Series \(Annual Return/Report of Employee Benefit Plan\) and Schedules](#)

- [Form 5558 \(Application for Extension of Time\)](#)
- [Notice to Separated Participants with Deferred Vested Benefits](#)
- [Notice of Right to Defer Distribution and Consequences of Failure to Defer Distribution](#)
- [Notice of Right to Divest Employer Securities](#)
- [Notice of QDIA \(if participant-directed\)](#)

Which reporting and disclosure requirements apply to §401(k) profit-sharing plans (not subject to QJSA)?

- [SPD](#)
- [SMM](#)
- [Summary Annual Report](#)
- [Plan Documents](#)
- [Periodic Pension Benefit Statements](#)
- [Report at Termination or One-Year Break in Service](#)
- [Notice of Availability of Investment Advice \(if provided\)](#)
- [Blackout Period Notification \(if participant-directed\)](#)
- [Disclosure of Plan Fees and Expenses \(if participant-directed\)](#)
- [Section 404\(c\) Disclosures \(if participant-directed\)](#)
- [Form 1099-MISC \(Report of Miscellaneous Income\)](#)
- [Notice and Reminder of Election Regarding Withholding from Annuity and Pension Plan Payments](#)
- [Form 1099-R](#)
- [Explanation of Rollover and Certain Tax Options](#)
- [Form 8955-SSA \(Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits\)](#)
- [Notice of Intent to Use Safe-Harbor Formula \(if plan is a "safe-harbor" §401\(k\)\)](#)
- [Form 5500 Series \(Annual Return/Report of Employee Benefit Plan\) and Schedules](#)
- [Form 5558 \(Application for Extension of Time\)](#)
- [Notice to Separated Participants with Deferred Vested Benefits](#)

- [Notice of Right to Defer Distribution and Consequences of Failure to Defer Distribution](#)
- [Notice of Right to Divest Employer Securities](#)
- [Notice of QACA & EACA](#)
- [Notice of QDIA \(if participant-directed\)](#)

What documents relate to plan amendments?

- [SMM](#)
- [Notice of Reduction in Future Accruals](#)

Health Plans

When must I give plan participants a Summary of Benefits and Coverage (SBC)?

- Prior to enrollment and annually at open enrollment
- If there is no open enrollment, 30 days before the plan year

What must I give to employees upon their enrollment in health coverage?

- [Wellness Program Notice of Availability of Reasonable Alternative Disclosures \(if the plan includes a wellness program\)](#)
- [HIPAA Notice of Privacy Practices for PHI](#)
- [SPD](#)
- [SMM](#)
- [WHCRA Notices \(plans that cover mastectomy-related service only\)](#)
- [Notice of Continuation of Health Coverage under COBRA](#)

Which reporting and disclosure requirements apply to health plans?

- [Disclosure of "Grandfathered" Status \(grandfathered plans only\)](#)
- [Disclosure of Patient Protections: Choice of Providers](#)

- [SBC](#)
- [Notice of Change to SBC](#)
- [Notice of Rescission of Health Coverage](#)
- [Notice to Employees of Coverage Options](#)
- [PCORI Fee](#)
- [Wellness Program Notice of Availability of Reasonable Alternative Disclosures](#)
- [Wellness Program Notice Required by Equal Employment Opportunity Commission](#)
- [Form 1095-C \(Employer-Provided Health Insurance Offer and Coverage\) & Form 1094-C \(Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns\)](#)
- [Form 1095-B \(Health Coverage\) & Form 1094-B \(Transmittal of Health Coverage Information Returns\)](#)
- [Affordable Care Act §1557 Notice of Nondiscrimination and Statement of Nondiscrimination with Taglines](#)
- [HIPAA Notice of Privacy Practices for PHI](#)
- [Breach Notification for Unsecured PHI under HITECH Act](#)
- [Notice of Creditable Coverage](#)
- [Creditable Coverage Disclosure Notice to CMS](#)
- [Application for RDS & Attestation of Actuarial Equivalence \(plans that have retiree drug coverage actuarially equivalent to Medicare Part D only\)](#)
- [MSP Data Reporting Requirements under Medicare, Medicaid and State CHIP Extension Act of 2007](#)
- [SPD](#)
- [SMM](#)
- [Summary Annual Report](#)
- [Plan Documents](#)
- [Summary of Material Reduction in Covered Services or Benefits](#)

- [WHCRA Notices \(plans that cover mastectomy-related service only\)](#)
- [CHIPRA Disclosure of Plan Benefits](#)
- [CHIPRA Notice to Employees](#)
- [Form 1099-MISC \(Report of Miscellaneous Income\)](#)
- [Form W-2 \(Wage and Tax Statement\)](#)
- [Form 990 & Form 990EZ \(Annual Return of Organization Exempt from Income Tax\)](#)
- [Form 8928 \(Return of Certain Excise Taxes Under Chapter 43 of IRC\)](#)
- [Form 5500 Series \(Annual Return/Report of Employee Benefit Plan\) and Schedules](#)
- [Form 5558 \(Application for Extension of Time\)](#)
- [Notice of Continuation of Health Coverage under COBRA](#)
- [Notice of Unavailability of Continuation Coverage under COBRA](#)
- [Notice of Termination of Continuation Coverage](#)
- [Notice of Insufficient Payment of COBRA Premium](#)
- [Notice of Special Enrollment Rights](#)
- [Notice of Coverage Relating to Hospital Length of Stay in Connection with Childbirth \(plans that provide maternity and/or newborn coverage only\)](#)
- [Michelle's Law \(plans that cover dependents 26 years of age or older on basis of student status\)](#)

What documents relate to plan amendments?

- [SMM](#)
- [Summary of Material Reduction in Covered Services or Benefits](#)
- [Notice of Change to SBC \(for changes take effect mid-year\)](#)

Compliance: Segal Is Here to Help

To help you navigate the maze of federal laws and regulations related to health and retirement plans, our compliance team can:

- Draft plan documents, summary plan descriptions, plan enrollment information, administrative forms and participant correspondence and notices;
- Review documents for compliance with IRS and DOL regulations and other guidance, internal and external consistency and the provision of clear guidelines for plan operations;
- Conduct retirement plan document reviews to determine if the plan is up to date with required or discretionary changes;
- Conduct HIPAA privacy and security assessments, policies and procedures, as well as compliance and training programs;
- Design wellness programs to promote healthy lifestyles while complying with strict federal guidelines;
- Draft policies and procedures, and conducting training, on a wide range of federally mandated requirements under such law as COBRA, QDROs, USERRA, PPA and other laws;
- Model the impact of the ACA's excise tax on high-cost plans on a health plan with Segal's proprietary Excise Tax Calculator and strategizing plan design modifications to mitigate the potential tax liability;
- Address various account-based plan design options, including Health Savings Accounts and the new proposed Individual Coverage Health Reimbursement Arrangements;
- Help employers navigate rules regarding retiree health design and adopting Employer Group Waiver Plan Medicare Part D and Advantage programs;

- Help employers prepare for government audits of health and retirement plans;
- Assist legal counsel in identifying instances when retirement plans may be eligible to be submitted to the IRS for confirmation of continued tax qualification;
- Review pension applications and calculations as prepared by employers;
- Consider options for student loan repayment assistance programs for employees; and

Our suite of solutions includes [CrosscheckSM](#), a full operational review of administrative procedures; Reporting & Disclosure Checklist, which matches each R&D item to a role or person in the administrative office; Annual Plan Document Compliance Review, which helps ensure plan documents meet IRS and DOL standards; and Plan Responsibilities Matrix Review, which helps identify and confirm who is responsible for each plan administrative process or duty.

Our Washington, DC-based staff of health and pension law compliance consultants maintain close relationships with government agencies. This allows them to follow legislative developments, alert clients and respond to their questions quickly and efficiently. In addition, Segal's compliance consultants wrote the *Employer's Guide to HIPAA Privacy Requirements* and serve on the advisory boards of multiple employee benefit publications.

We encourage our clients to [contact Segal](#) whenever a question arises about an issue that can affect their plans. However, because Segal does not practice law, if a legal issue arises, clients should supplement the information and observations that we offer by consulting with their attorneys for authoritative legal advice.

Questions? Contact Us

For more information about the *2020 Reporting & Disclosure Guide for Benefit Plans*, contact your Segal consultant or one of the following professionals:

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To get updates for Segal's *2020 Reporting & Disclosure Guide for Benefit Plans* and receive other Segal publications, [join our email list](#).

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