

COMPLIANCE CHECKLIST

This is an example compliance checklist designed to get you started. Every state may have extra requirements and both the state and federal governments continue to add requirements.

If you need more help, please reach out to our office at +1.800.913.2378 or robert@slaytonins.com.

Thank you,

Robert

COMPLIANCE CHECKLIST

Notice Requirement	Deadline	Distribute to	Date Completed	Method of Delivery
Summary Plan Descriptions (SPD)	Within 90 days of employee being covered by plan or 240 days after start of plan	Employees		Open Enrollment Disk or Paper Copy by Request
Grandfathered Status Model Notice	Before the 1 st plan year and annually	Employees		Summary Plan Description
Patient Protection Model Notice	Before the 1 st plan year and annually	Employees		Summary Plan Description
Annual Employer CHIP Notice	1st day of plan year or by request	Employees		Summary Plan Description
Uniform Summary of Benefits and Coverage	Varies, please reference Compliance document for specifics	Employees and Beneficiaries		Summary Plan Description
Waiver of Annual Limit Requirement	Before the 1 st plan year and annually	Employees		Summary Plan Description
Summary of Material Modification	Within 210 days after the end of the plan year which change occurred	Employees		Summary Plan Description
Dependent Age 26 Notice	Sent with any notice regarding certification requirements	Employees		Summary Plan Description
Newborn's and Mothers' Health Protection Act	Include in Summary Plan Description	Employees		Summary Plan Description
Women's Health and Cancer Rights Act (WHCRA)	Upon enrollment and annually thereafter	Employees		Summary Plan Description

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Notice Requirement	Deadline	Distribute to	Date Completed	Method of Delivery
Initial/General COBRA Notice	Within 90 days of when a group health plan begins	Employees	Ongoing	Letter
COBRA Election Notice	Within 14 days of notification of qualifying event	Employees	Ongoing	Letter
Notice of Unavailability of COBRA	Within 14 days of notification of qualifying event	Employees	Ongoing	Letter
COBRA Notice to Plan Administrator	Within 30 days of a qualifying event/loss of coverage	Plan or COBRA administrator	Ongoing	Termination of Benefits form
COBRA Premium Change Notice	Within 1 month prior to effective date	Employees	Ongoing	Letter
Medicare Part D Retiree Drug Subsidy Application	90 days prior to start of plan year	Department of Health and Human Services	N/A	N/A
MSP Reporting Requirements	Quarterly	Center for Medicare & Medicaid Services	N/A	N/A
Disclosure Notices for Creditable or Non-Creditable Coverage	--Prior to Medicare Part D Annual Election Period --Prior to initial enrollment --Prior to enrollees effective date -- Rx coverage ends/changes to become creditable/non-creditable	Medicare Part D Eligible Employees		Letter

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Notice Requirement	Deadline	Date Completed	Method of Delivery
Form 5500	By the last day of the 7 th month following the end of the plan year		Electronically/ Online
Summary Annual Report	Within 9 months after end of plan year	N/A	N/A
Benefit Plan Documents	Within 30 days of written request		Open Enrollment
Notice of Breach of Unsecured PHI	Within 60 days following the discovery of the breach	N/A	Varies