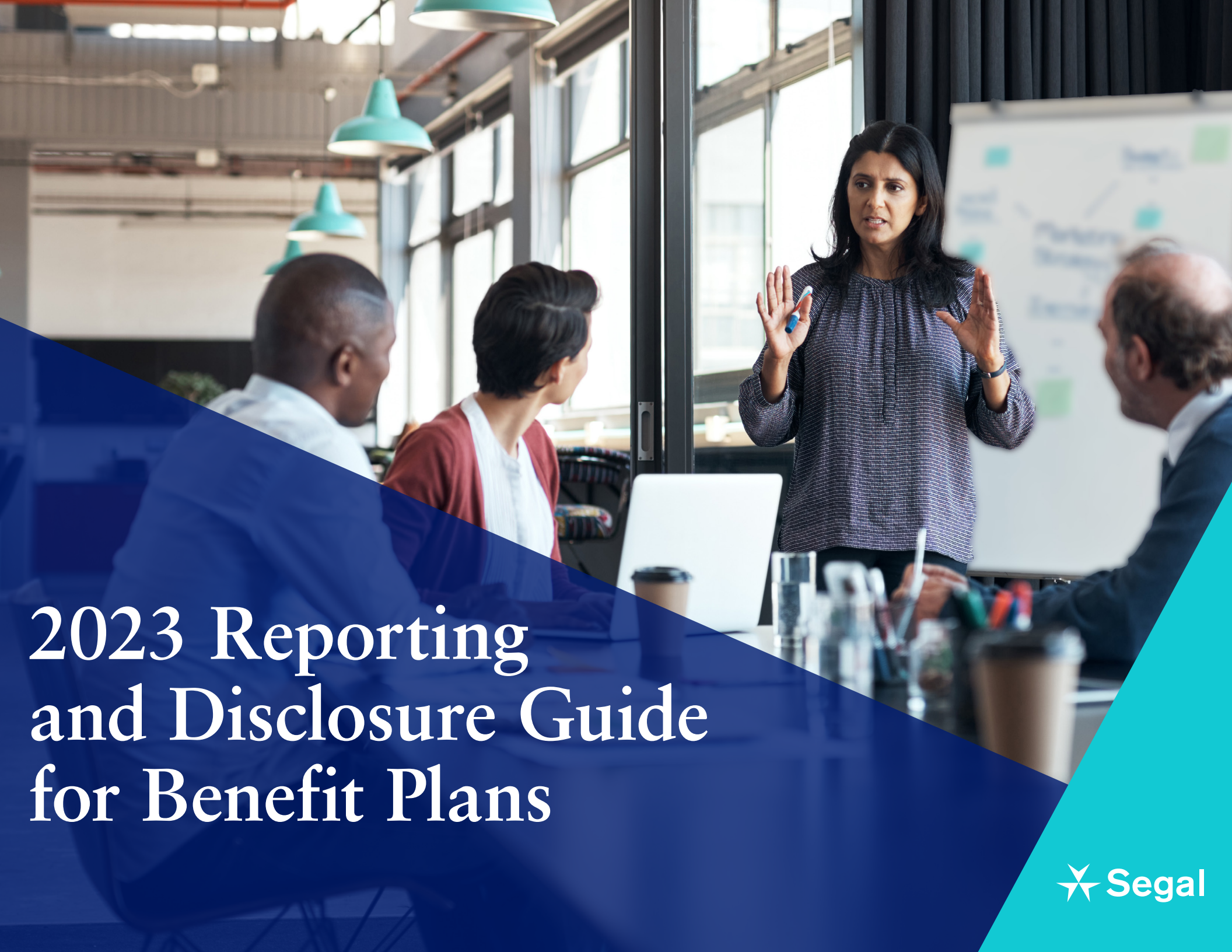

2023 Reporting and Disclosure Guide for Benefit Plans

Segal

Important Notes

This annual *Reporting and Disclosure Guide for Benefit Plans* is for sponsors of plans subject to ERISA, both single-employer and multiemployer plans.

This year's guide features new regulations pertaining to air ambulance claims reporting, gag-clause attestations and an annual statement of compliance for plans that receive special financial assistance.

Some of the deadlines noted in this guide may be extended due to the COVID-19 public health emergency. For information about extended deadlines for health plans, refer to the COVID-19 page on Segal's website, which includes resources like Guidance on Extended Deadlines for Group Health Plans, COVID-19 Safeguard Requirements for Federal Contractors, COBRA Guidance Related to the COVID-19 Outbreak Period and At-Home COVID-19 Tests Are a Reimbursable Medical Expense.

Click here

COVID-19 Compliance Updates

Contact us

If you have questions about the 2023 *Reporting and Disclosure Guide for Benefit Plans*, contact your Segal compliance consultant or Segal's Compliance Practice leaders:

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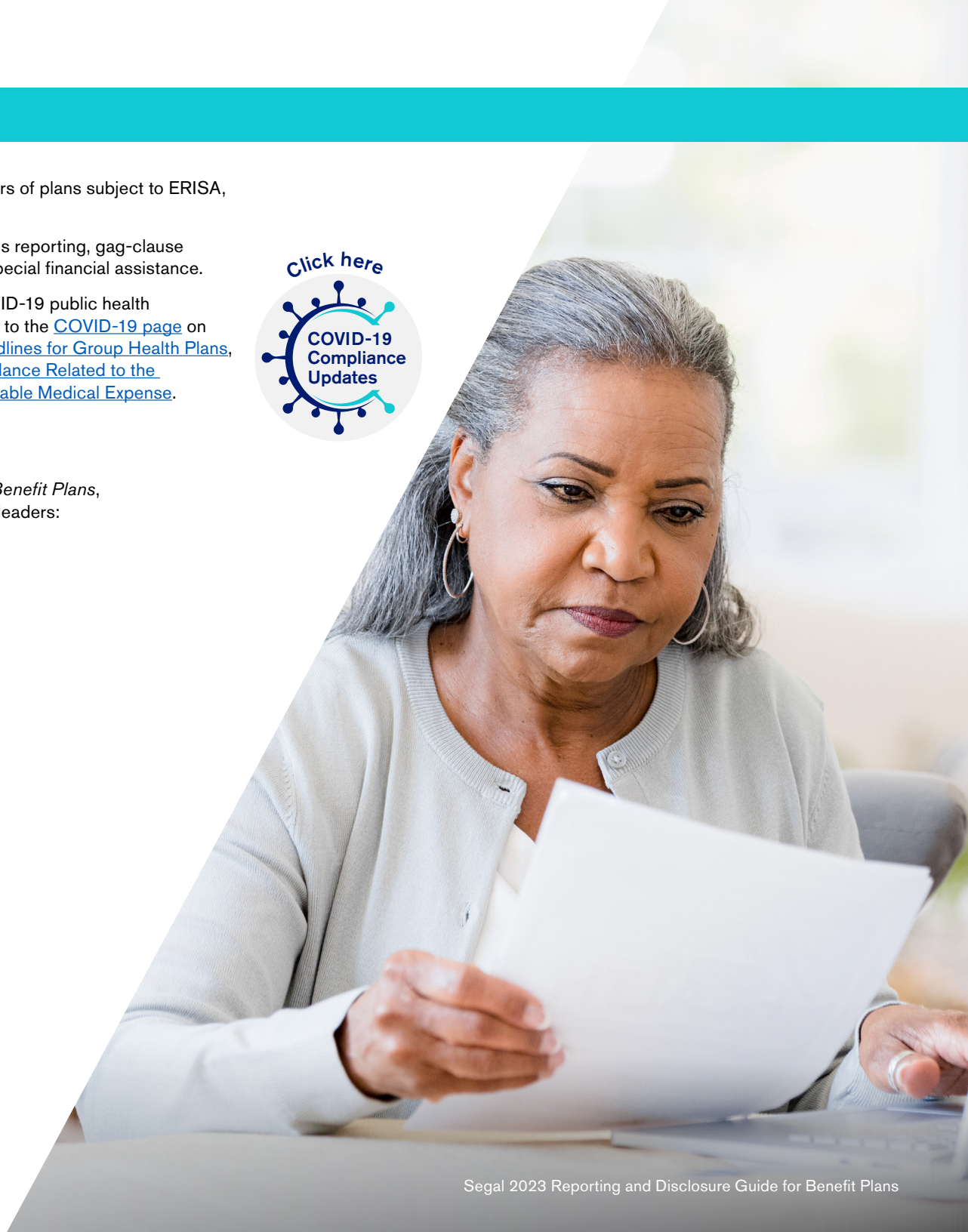
This *Reporting and Disclosure Guide for Benefit Plans*, which was posted in December 2022, is for informational purposes only and does not constitute legal or tax advice. It is intended to indicate general reporting and disclosure requirements applicable to ERISA-covered retirement plans and health and welfare benefit plans on an annual basis. It is not exhaustive and does not cover all fact patterns, such as 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). You are encouraged to discuss the issues raised here with your legal, tax and other advisors before determining how the issues apply to your specific situations.



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Requirements for All Plans

Item	Plans Affected	Recipients	Sender	Due Date
Form 1099-MISC (Report of Miscellaneous Information) — Internal Revenue Code (IRC) §6041 Use if plan makes direct payments of $600 or more for services, rent and specified other purposes. Generally, not needed if payment is to a corporation other than payments to an attorney in connection with legal services. Beginning with 2020 tax year, use form 1099-NEC, below, to report nonemployee compensation. Instructions for Form 1099-MISC available	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 1/31/23. File with the IRS by 3/31/23 if filing electronically, or by 2/28/23 if filing on paper. File with Form 1096 if filing on paper.
Form 1099-NEC (Nonemployee Compensation) — IRC §6041 Use if plan makes payments of $600 or more for services performed by someone who is not an employee (including parts and materials) and payments for attorneys' fees. Also file for each person from whom you have withheld any federal income tax under the backup withholding rules regardless of the amount of the payment. Instructions for Form 1099-NEC available	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 1/31/23. File with the IRS by 1/31/23 if using either paper or electronic filing. File with Form 1096 if filing on paper.
Form W-2 (Wage and Tax Statement) — IRC §3401, ACA §9002 & IRC §6051(a)(14) (if plan has employees) 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 FSA value for plan year in excess of employee's cafeteria plan salary reduction, but dental, vision and HRA contributions are not required to be reported. Amounts contributed to a multiemployer plan would not be reported. Form W-2 available. Instructions available	Health and welfare benefit plans, plans with employees	Sent to employees. Filed with Social Security Administration (SSA) (magnetic media required for 250 or more forms)	Employer	Send to participants by 1/31/23. File Form W-3 with SSA by 1/31/23. (whether filing on paper or electronically).

Item	Plans Affected	Recipients	Sender	Due Date
Summary Plan Description (SPD) — Employee Retirement Income Security Act (ERISA) §§102 & 104(b) & DOL Reg. §§2520.102-2 & 3 & 2520.104b-2 Summary of plan provisions and certain standard language as required by ERISA	All employee benefit plans subject to Title I of ERISA; alternative reporting requirements for top-hat, apprenticeship and certain other plans	Sent to participants and to 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[1] receiving benefits under pension plan, within 90 days after first receiving benefits
Summary of Material Modifications (SMM) — ERISA §§102 & 104(b)(1) & DOL Reg. §2520.104b-3 Summary of changes in any information required in SPD	All employee benefit plans subject to Title I of ERISA; alternative reporting requirements for top-hat, apprenticeship and certain other plans	Sent to participants and to 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 substantial 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
Plan Documents — ERISA §§104(b)(2) & (4) & DOL Reg. §2520.104b-1(b)(3) Maintain and provide copies upon request of plan and trust instruments, most recent annual report, SPD, any SMMs, any collective bargaining agreements and all contracts or other instruments under which plan is established or operated	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.

[1] 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.

Item	Plans Affected	Recipients	Sender	Due Date
Form 5500 Series (Annual Return/Report of Employee Benefit Plan) and Schedules[2] — ERISA §§103-104 & 4065, DOL Reg. §2520.103 & IRC §6058 Annual report filed by employee benefit plans subject to ERISA and IRC for purposes of providing plan information to DOL, IRS and PBGC. 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	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.
Form 5558 (Application for Extension of Time) To request extension of time in which to file Form 5500 or Form 8955-SSA or both (maximum 2½ months)	All employee benefit plans subject to Form 5500 or Form 8955-SSA reporting	Filed with IRS Note: In October 2022, the IRS proposed to revise Form 5558 to allow it to be filed electronically under the EFAST system.[3] Plan sponsors intending to file Form 5558 for an extension should check to make sure they use the latest version of the form and instructions.	Plan administrator	On or before normal due date for filing Form 5500 or Form 8955-SSA. Filing required, but approval is automatic.

[2] 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).

[3] https://www.federalregister.gov/documents/2022/10/05/2022-21584/proposed-collection-comment-request-for-multiple-internal-revenue-service-irs-information-collection

Requirements for Health and Welfare Plans

ACA requirements

No Surprises Act requirements for group health plans

Wellness program requirements

HIPAA privacy and security requirements

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COBRA requirements

IRS requirements for group health plans

Additional requirements for group health plans

Health and welfare plans must also satisfy the requirements for all plans.

ACA requirements

Item	Plans Affected	Recipients	Sender	Due Date
Summary of Benefits and Coverage (SBC) — ACA §1001(5), 26 CFR §54.9815-2715, 29 CFR §2590.715-2715 & 45 CFR §147.200 Plans must provide a summary, not to exceed four double-sided pages, of plan benefits, coverage and cost-sharing arrangements, including exceptions, reductions, limitations and continuation of coverage information. This notice must be provided in addition to all other notices — SPD, Summary of Material Modifications (SMM) and Summary of Material Reduction in Covered Services/Benefits (SMR). New template required for plan year beginning on or after January 1, 2021. Template available	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 to special enrollees within 90 days of enrollment and within seven business days of a request from a participant or beneficiary
Notice of Change to SBC — ACA §1001(5), 26 CFR §54.9815-2715(b), 29 CFR §2590.715-2715(b) & 45 CFR §147.200(b) Plans must provide advance notice of any mid-year material modification in an SBC. A material modification is a change that would be important to a participant to an item listed in an SBC.	Group health plans and health insurers	Sent to participants and beneficiaries. No filing requirement	Plan administrator or health insurer	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.
Notice of Rescission — 26 CFR §54.9815-2712T, 29 CFR §2590.715-2712 & 45 CFR §147.128 Plans must provide advance written notice of retroactive termination of coverage due to fraud or intentional misrepresentation of material facts by participant.	Group health plans and health insurers	Sent to participants and beneficiaries. No filing requirement	Plan administrator or health insurer	Written notice must be provided at least 30 days before coverage may be retroactively terminated.
Notice to Employees of Coverage Options — Fair Labor Standards Act (FLSA) §18B (added by ACA §1512) Employer must provide new employees with notice about health insurance marketplaces and their options for health coverage. Sample notice available	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.

ACA requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
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) A group health 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 SPD or other description of benefits. Sample notice available The No Surprises Act extended the applicability of the patient protections for choice of health care professionals to grandfathered health plans, effective January 1, 2022.	Group health plans including grandfathered plans	Sent to participants. No filing requirement	Plan administrator or health insurer	Notice must be provided with SPD or other similar description of benefits.
Disclosure of "Grandfathered" Status[4] (grandfathered plans only) — 26 Code of Federal Regulations (CFR) §54.9815-1251T(a)(2), 29 CFR §2590.715-1251(a)(2) & 45 CFR §147.140(a)(2) A grandfathered plan must include a statement to that effect in any and all materials describing benefits provided under plan to alert participants and beneficiaries that certain consumer protections may not apply. Sample language available	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.
Patient-Centered Outcomes Research Institute (PCORI) Fee — 26 CFR §46.4376-1 Plans and insurers pay fees to fund PCORI, which funds research projects in area of evidence-based medicine with goal to advance quality of care. Initially set to sunset in 2019, Congress extended the fees for an additional 10 years. Fees now apply through plan years ending on or before 9/30/29.[5]	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.

[4] "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.

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

ACA requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
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 Large employers (50 or more full-time employees, including equivalents), including multiemployer plans that are large employers, 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).	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 2/28/23 (3/31/23 if filed electronically) and sent to employees by 3/2/23. A Notice of Proposed Rulemaking published December 6, 2021 would permanently extend the deadline for an additional 30 days, if finalized. Taxpayers may rely on that Notice for 2022 reporting.
Form 1095-B (Health Coverage) & Form 1094-B (Transmittal of Health Coverage Information Returns) — IRC §6055 Group health plans (including multiemployer plans), as well as employers that are not large employers, that offer self-insured minimum essential coverage must provide participants with Form 1095-B, documenting enrollment in plan coverage, and file all such forms with IRS (along with Form 1094-B transmittal).	Self-insured group health plans, including those offered by small employers. If plan (or plan option) is insured, health insurance carrier is responsible for Form 1095-B.	Sent to participants (or other "responsible individual"). The IRS will not impose a penalty for failure to send to a participant if the plan (1) posts a notice prominently on its website stating that individuals may receive a copy of their 1095-B upon request. This notice must provide an email address and physical address to which a request may be sent, as well as a telephone number to use for asking questions, and (2) provides Form 1095-B to any responsible individual within 30 days of the date the request is received. (Relief applies as long as the individual mandate penalty is $0.) Forms must also be filed with IRS.	Plan administrator if plan is self-insured. Insurance carrier if plan (or plan option) is insured	Must be filed with IRS by 2/28/23 (3/31/23 if filed electronically) and sent to participants by 3/2/23. A Notice of Proposed Rulemaking published December 6, 2021 would permanently extend the deadline for an additional 30 days, if finalized. Taxpayers may rely on that Notice for 2022 reporting.

ACA requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
Transparency Rule — Disclosure to Public — Section 2715 of the PHSA, 26 CFR §54.9815–2715A3; 29 CFR §2590.715–2715A3; 45 CFR §147.212 Plans are required to post on a public website machine-readable files containing in-network rates, out-of-network allowable charges, and prescription drug negotiated rates.	Group health plans and health insurers, but does not apply to excepted benefits, account-based plans or grandfathered plans	Posted on the plan's public website (plan may also link to a service provider website)	Plan administrator	Plan years beginning on or after January 1, 2022. Prescription drug files delayed pending future rulemaking
Transparency Rule — Disclosure to Participants — Section 2715 of the PHSA, 26 CFR §54.9815–2715A2; 29 CFR §2590.715–2715A2; 45 CFR §147.211 Plans are required to provide an online tool to allow participants to look up price and provider information concerning benefits, including accumulated amounts.	Group health plans and health insurers, but does not apply to excepted benefits, account-based plans or grandfathered plans	Information must be made available online and via telephone.	Plan administrator	Plan years beginning on or after January 1, 2023 for top 500 services and January 1, 2024 for remaining items and services

No Surprises Act requirements for group health plans

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Protection Against Surprise Billing — ERISA §716; IRC §9816; PHSA §2799A-1 Group health plans and health insurance issuers must post on a public website of the plan or issuer, and include on each explanation of benefits form for a No Surprises Act item or service a notice of participants' rights to protections from balance billing by out-of-network providers and facilities.	Group health plans and health insurers, not including excepted benefits, account-based plans, retiree-only plans	Posted on public website and included with explanations of benefits forms	Plan administrator	Plan years beginning on or after January 1, 2022. Sample Notice available.
Notice of Right to Continue Care — ERISA §718; IRC §9818; PHSA §2799A-3 Plans must notify each individual enrolled under the plan who is a "continuing care patient" with respect to a provider/facility at the time of a termination of the provider's contract (or change in terms of participation), on a timely basis, of the termination and the individual's right to elect continued transitional care from the provider/facility.	Group health plans and health insurers, not including excepted benefits, account-based plans, retiree-only plans	Continuing care patients	Plan administrator	Plan years beginning on or after January 1, 2022
Price Comparison Tool — ERISA §719; IRC §9819; PHSA §2799A-4 Internet-based tool allowing participants to look up cost information	Group health plans and health insurers, not including excepted benefits, account-based plans, retiree-only plans	Online tool	Plan administrator	Initially plan years beginning on or after January 1, 2022, except delayed to coincide with the Transparency online tool, therefore plan years beginning on or after January 1, 2023. Further guidance expected.
No Surprises Act Claims Processing — ERISA §716; IRC §9816; PHSA §2799A-1 Plans must pay providers and facilities within 30 days of receiving a clean claim, include the Qualifying Payment Amount (QPA) on No Surprises Act claims payments, notify providers and facilities of a 30-day open negotiation period, and participate in Independent Dispute Resolution process. If a claim is downcoded during claims processing, plans must inform the provider and facility of the code submitted and the downcoding.	Group health plans and health insurers, not including excepted benefits, account-based plans, retiree-only plans	Sent by plans and insurers to health care providers and facilities	Plan administrator	Plan years beginning on or after January 1, 2022

No Surprises Act requirements for group health plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
Identification Cards — ERISA §716(e); IRC §9816(e); PHSA §2799A-1(e) Plans must include in clear writing, on any physical or electronic plan or insurance identification card issued to participants or dependents, deductibles; out-of-pocket maximums; and a telephone number and internet website address to seek consumer assistance information.	Group health plans and health insurers, not including excepted benefits, account-based plans, retiree-only plans	Sent by plans and insurers to participants	Plan administrator	Plan years beginning on or after January 1, 2022
Prescription Drug Reporting — ERISA §725; IRC §9825; PHSA §2799A-10 Plans must report information concerning plan participants, prescription drug costs, and medical costs to the DOL/HHS. Costs must be reported for years beginning in 2020. Additional information is available.	Group health plans and health insurers, not including excepted benefits, account-based plans, retiree-only plans	Filed on federal portal	Plan administrator, pharmacy benefit manager (PBM) or other reporting entity	First reports for 2020 and 2021 information are due December 27, 2022 and for each year thereafter, no later than June 1.
Air Ambulance Claims Reporting — ERISA §723; IRC §9823; PHSA §2799A-8 Plans must report claims information concerning air ambulance services and payments for calendar years 2022 and 2023 to the DOL/HHS.	Group health plans and health insurers, not including excepted benefits, account-based plans, retiree-only plans	Filing method not yet announced	Plan administrator	Sometime in 2022, filing date not yet announced
Gag-Clause Attestation — ERISA §724; IRC §9824; PHSA §2799A-9 Group health plans and health insurance issuers may not enter into an agreement with a provider, network, TPA or other service provider that would directly or indirectly restrict the plan or issuer from providing provider-specific cost or quality information to referring providers, the plan sponsor, participants/ beneficiaries (or people eligible for coverage under the plan). Plans must provide annual attestation to the government that they are in compliance with this section.	Group health plans and health insurers, not including excepted benefits, account-based plans, retiree-only plans	Filing method not yet announced	Plan administrator	Sometime in 2022, filing date not yet announced

Wellness program requirements

Item	Plans Affected	Recipients	Sender	Due Date
Wellness Program Notice of Availability of Reasonable Alternative Disclosures — 26 CFR §54.9802-1(f), 29 CFR §2590.702(f) & 45 CFR §146.21(f) Plans must disclose 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	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
Wellness Program Notice Required by Equal Employment Opportunity Commission (EEOC) — 29 CFR §1630.14(d)(2)(iv) If wellness program includes disability-related inquiries or medical examinations, plan sponsor must provide 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	Health programs, whether offered as part of a group health plan or separately from plan	Sent to participants. No filing requirement	Plan sponsor or administrator	Provide to participants before they are asked to answer disability-related inquiries or undergo medical examinations

HIPAA privacy and security requirements

Item	Plans Affected	Recipients	Sender	Due Date
HIPAA Notice of Privacy Practices for PHI — HHS Reg. §164.520 Notice to participants describing their rights, plan's legal duties with respect to PHI and plan's uses and disclosures of PHI	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.
Breach Notification for Unsecured PHI Under HITECH Act[6] — HHS Reg. §164.400 et seq. Notice to participants with respect to unauthorized acquisition, access, use or disclosure of unsecured PHI. Notice must include description of what happened, description of information involved, steps individuals should take to protect themselves from potential harm resulting from breach, brief description of investigation and mitigation steps, and contact information.	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

[6] 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.

Medicare and Medicaid requirements

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Creditable Coverage — 42 United States Code (USC) §1395w-113(b)(6) & Public Health Service Act (PHSA) Reg. §§423.56 & 423.884 Written notice stating whether a group health plan's prescription drug coverage is, on average, at least as good as standard prescription drug coverage under Medicare Part D. Sample notice available	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 (10/15/23–12/7/23); (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.
Creditable Coverage Disclosure Notice to Centers for Medicare & Medicaid Services (CMS) — 42 USC §1395w-113(b)(6) & PHSA Reg. §423.56(e) Written disclosure to CMS stating whether a group health plan's prescription drug coverage is, on average, at least as good as standard prescription drug coverage under Medicare Part D	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
Application for RDS and Attestation of Actuarial Equivalence (plans that have retiree drug coverage actuarially equivalent to Medicare Part D only) — 42 USC §1395w-132 & PHSA Reg. §423.884 RDS is available to group health plans that have retiree drug coverage that is actuarially equivalent to Medicare Part D coverage. Subsidy is available for each retiree (or spouse or dependent) who is eligible for, but not enrolled in, Part D. Application and attestation must be complete by deadline 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.	Group health plans that provide retiree drug coverage and are applying for RDS under Medicare Modernization Act of 2003[7]	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 (e.g., for plan years beginning 4/1, new application and new attestation must be completed by 1/1). Attestation must also be provided no later than 90 days before a material change to drug coverage that potentially causes plan to no longer be actuarially equivalent. Reconciliation must be completed within 15 months after end of plan year.

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

Medicare and Medicaid requirements *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
Medicare Secondary Payer (MSP) Data Reporting Requirements Under Medicare, Medicaid and State Children's Health Insurance Program (CHIP) Extension Act of 2007 — 42 USC §1395y(b)(7) Report information about certain participants and beneficiaries who are also Medicare enrollees for purpose of enforcing MSP rules. Penalty is $1,000 for each day of noncompliance.	Group health plans. 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 was extended to prescription drug benefits starting in 2020.[8]
Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Disclosure of Plan Benefits — ERISA §701(f)(3)(B)(ii) Required disclosure, upon request, of information about plan benefits to state Medicaid or CHIP to allow states to evaluate an employment-based plan to determine whether premium reimbursement is a cost-effective way to provide medical or child health assistance to an individual	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.
CHIPRA Notice to Employees — ERISA §701(f)(3)(B)(i) Employers that maintain a group health plan in a state that provides premium assistance under Medicaid or CHIP must notify all employees of potential opportunities for premium assistance in state in which employee resides. Sample notice available	Group health plans and health insurers	Sent to participants and beneficiaries. No filing requirement	Employer	Annually, by first day of plan year

[8] These requirements were extended to prescription drug benefits by Section 4002 of the SUPPORT for Patients and Communities Act, Public Law 115-271

COBRA requirements

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Continuation of Health Coverage under COBRA — ERISA §606, IRC §4980B(f)(6) & DOL Reg. §2590.606-1,4 Notice to participants and spouses upon initial enrollment of their right to continue self-paid health coverage, and notice to qualified beneficiaries after a qualifying event. Also, notice to COBRA participants of change in premium, when applicable	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. Model General Notice and Election Notices available
Notice of Unavailability of Continuation Coverage Under COBRA — DOL Reg. §2590.606-4(c) Notice to qualified beneficiaries that have sent a qualifying event notice to plan administrator of reasons why they are not entitled to COBRA coverage	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)
Notice of Termination of Continuation Coverage — DOL Reg. §2590.606-4(d) Notice to qualified beneficiaries that their COBRA coverage is terminating early (i.e., before end of maximum coverage period)	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
Notice of Insufficient Payment of COBRA Premium — Treas. Reg. §54.4980B-8, Q&A5(d) Notice to qualified beneficiary that payment for COBRA continuation coverage was less (but not "significantly less") than correct amount	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.

IRS requirements for group health plans

Item	Plans Affected	Recipients	Sender	Due Date
Form W-2 (Wage and Tax Statement) — IRC §3401, ACA §9002 & IRC §6051(a)(14) For reporting wages, nonqualified deferred compensation, sick pay, group legal services contributions or benefits, supplemental unemployment benefits, premiums for group-term life insurance above $50,000, employer contributions to medical savings accounts, payments under adoption assistance plans and other taxable/reportable benefits. ACA requires employers to report cost of coverage under an employer-sponsored group health plan on each employee's Form W-2. Cost of coverage includes medical and prescription drug coverage and health FSA value for plan year in excess of employee's cafeteria plan salary reduction, but dental, vision and HRA contributions are not required to be reported. Amounts contributed to a multiemployer plan would not be reported. Form W-2 available. Instructions available	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 1/31/23. File Form W-3 with SSA by 1/31/23 (whether filing on paper or electronically). Deadline for filing with SSA has been accelerated to same deadline as for providing to participants.
Form 990 & Form 990EZ (Annual Return of Organization Exempt from Income Tax) — IRC §501(c) Use Form 990EZ if annual gross receipts were less than $100,000 and total year-end assets were less than $250,000; otherwise use Form 990	Health and welfare benefit plans organized under IRC Section 501(c).	Sent to participants on written request. Filed with IRS	Plan administrator	Must be filed by 15th day of fifth month after end of plan year. Use Form 8868 to request 90-day extensions.
Form 8928 (Return of Certain Excise Taxes Under Chapter 43 of IRC) — IRC §§4980B & 4980D Group health plans may be subject to excise taxes for failure to comply with certain requirements related to administration of health benefits, including Consolidated Omnibus Budget Reconciliation Act (COBRA) and HIPAA portability and nondiscrimination. ACA mandates also are subject to applicable excise taxes. Group health plans must self-report compliance failures on Form 8928 and pay related excise taxes.	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).

Additional requirements for group health plans

Item	Plans Affected	Recipients	Sender	Due Date
Summary Annual Report — ERISA §104(b)(3) & DOL Reg. §2520.104b-10 Narrative summary of financial information reported on Form 5500 (see "Form 5500 Series") and statement of right to receive annual report. New sample report available; see "General Reporting and Filing Compliance Assistance" tab	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
Summary of Material Reduction in Covered Services or Benefits — ERISA §104(b) & DOL Reg. §2520.104b-3(d) Summary description of modification or change that would be considered by average plan participant to be an important reduction in covered services or benefits	Group health plans subject to Title I of ERISA	Sent to participants. No filing requirement	Plan administrator	No later than 60 days after adoption of modification or change, or at regular intervals of no more than 90 days
Women's Health and Cancer Rights Act (WHCRA) Notices — ERISA §713 Description of benefits under WHCRA and any deductibles and coinsurance limits applicable to such benefits. Sample notice available	Group health plans that provide for mastectomy benefits	Sent to participants and beneficiaries. No filing requirement	Plan administrator or health insurer	Upon enrollment in plan and annually thereafter
Notice of Special Enrollment Rights — ERISA §701 & IRC §9801 Notice to participants of HIPAA special enrollment rights upon acquiring a new dependent or loss of other coverage. Sample notice available	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

Additional requirements for group health plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Coverage Relating to Hospital Length of Stay in Connection with Childbirth — ERISA §711(d) & DOL Reg. §2520.102-3(u) Notice to participants in SPD that describes any requirements under both federal and state law regarding minimum length of a hospital stay in connection with childbirth. Sample notice available	Group health plans that provide maternity or newborn coverage	Sent to participants. No filing requirement	Plan administrator or health insurer	Within SPD time frame
Michelle's Law (plans that cover dependents 26 years of age or older on basis of student status) — ERISA §714 & IRC §9813 Requires extended coverage for post-secondary education students on medical leave	Group health plans that determine eligibility for coverage based on student status. After ACA, generally applicable only to plans that cover dependents 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

Requirements for All Retirement Plans

Retirement plans must also satisfy the requirements for all plans.

Item	Plans Affected	Recipients	Sender	Due Date
Form 1099-R Report of distributions from retirement plans, including distributions of excess deferrals or excess contributions from certain DC plans (e.g., §401(k) plans), as well as cost of life insurance, if any, purchased in plan that is taxable to participant, and other types of fully or partially taxable distribution amounts. Form 1099-R and instructions both available	DB and DC plans	Sent to participants, retirees and to 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 1/31/23. File with IRS by 3/31/23 if filing electronically or by 2/28/23 if filing on paper. File with Form 1096 if filing on paper.
Periodic Pension Benefit Statements — ERISA §105(a) & DOL Field Assistance Bulletins (FABs) 2006-3 & 2007-3; Interim Final DOL Reg. §2520.105-3 On July 26, 2021, the DOL issued Temporary Implementing FAQs. 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 DC plans, must also note value of each investment. DOL to provide a model. Effective September 18, 2021, with respect generally to pension benefit statements provided after that date, DC plans must provide lifetime income illustrations annually, and the first lifetime income illustration must be included on a benefit statement for a quarter or a year (as applicable) ending within 12 months of September 18, 2021. The DOL has provided model language and specific assumptions that must be used if the plan and its fiduciaries want protection from fiduciary liability. Please note that the DOL issued an Interim Final Rule (IFR) outlining the requirements for the lifetime income illustrations on August 18, 2020 that became effective September 18, 2021. Final rules have not been issued.	DB and DC plans (for statements), DC plans (for lifetime income illustrations)	**DC plans with participant-directed investments:** Sent to participants and beneficiaries with accounts who may direct investments. **DC plans without participant-directed investments:** Sent to participants and beneficiaries with accounts. **DB plans:** Sent to active participants with vested benefits. No filing requirement	Plan administrator	**DC plans with participant-directed investments:** Benefit statements must be sent within 45 days after close of each quarter. One of those quarterly statements each year must include lifetime benefit illustrations. **DC plans without participant-directed investments:** Benefit statements must be sent on or before the date the 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 the plan year to which statement relates. The initial lifetime benefit illustrations must be included no later than on the statement for the first plan year ending on or after September 19, 2021. They are due at the same time as the Form 5500 for the plan year, which for certain fiscal year plans may end in 2023. **DB plans:** Every three years or provide annual notice of availability of benefit statement. A statement can be requested only once every 12 months. Under current guidance, statements are generally due within 45 days after close of applicable plan year.

Item	Plans Affected	Recipients	Sender	Due Date
Report at Termination or One-Year Break in Service — ERISA §209(a) A report of benefits that are due or that may become due to a participant. Report must be in same form and contain same information as periodic benefit statement under ERISA §105(a). This reporting requirement appears to target nonvested 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" and "Notice to Separated Participants with Deferred Vested Benefits"	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 nonvested participants at termination, based on plan type (DB or DC) and current disclosure practices, for good-faith compliance.
Notice and Reminder of Election Regarding Withholding from Annuity and Pension Plan Payments — IRC §3405(e)(10) & Temp. Treas. Reg. §35.3405-1T, Part D Notice regarding a recipient's right to elect out of income tax withholding from periodic payments. Absent an election out of withholding, withholding is required. Sample notice and election forms available. (Different withholding requirements apply for non-periodic payments and eligible rollover amounts, and to individuals living abroad.)	DB and DC plans	Sent to participants and beneficiaries applying for periodic distributions. No filing requirement; amount withheld is remitted to IRS.	Plan administrator	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.
Explanation of Rollover and Certain Tax Options — IRC §402(f), Treas. Regs. §§1.402(f)-1 & 1.402A-1 Q5 & Notice 2020-62 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 2020-62, issued 8/6/20, modifies notice 2018-74.	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)

Item	Plans Affected	Recipients	Sender	Due Date
Form 8955-SSA (Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits) — IRC §6057 Provides information on recently terminated vested participants	DB and DC plans	Filed with IRS. See "Notice to Separated Participants with Deferred Vested Benefits" below for related notice to participants and information about answering Question 8 of this Form.	Plan administrator	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
Notice to Separated Participants with Deferred Vested Benefits — IRC §6057(e), ERISA §105(c) & Treas. Reg. §301.6057-1(e) Notice to each separated participant providing information about participant's deferred vested benefit as filed on Form 8955-SSA. IRS guidance in form of answers to frequently asked questions (FAQs) permits notice requirement to be satisfied by information timely provided in other documents. See FAQ 20 in FAQs Regarding Form 8955-SSA.	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" above
Notice of Right to Defer Distribution and Consequences of Failure to Defer Distribution — ERISA §205(g), IRC §411(a)(11), Notice 2007-7 & Treas. Prop. Reg. §1.411(a)-11 Notice explaining right to defer distribution and consequences of failing to defer distribution, including, for DB plans, a description of how much larger benefits could be if commencement of distributions is deferred or, for DC plans, a description of available investment options (including fees) and portion of SPD that contains special rules that might materially affect a participant's decision.	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

Requirements for DB Plans

Additional requirements for all DB plans

Additional requirements for single-employer DB plans

Additional requirements for multiemployer DB plans

DB plans must also satisfy the requirements for all plans and the requirements for all retirement plans.

Additional requirements for all DB plans

Item	Plans Affected	Recipients	Sender	Due Date
Annual Funding Notice — ERISA §101(f) as amended by MPRA §201(a)(4) & DOL Reg. §2520.101-5; FAB 2013-1 and FAB 2015-01 Required notice that must contain certain identifying and funding information. For single-employer plans, 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. For multiemployer plans, notice provides basic information about funded status and financial condition of DB plan, including plan's funded percentage, assets and liabilities and a description of benefits guaranteed by Pension Benefit Guaranty Corporation (PBGC). Additional information must be included if plan is in endangered, critical or critical and declining status. Sample notice available	DB plans subject to Title IV of ERISA	Sent to participants, beneficiaries receiving benefits participating unions and contributing employers. Filed with PBGC	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)
Intranet Posting of DB Plan Actuarial Information — ERISA §104(b)(5) 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.	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.
Suspension of Benefits Notice — IRC §411(a)(3)(B), ERISA §203(a)(3) & DOL Reg. §2530.203-3 Notice of suspension of benefits during covered employment that continues after plan's normal retirement age (NRA) or on reemployment after NRA	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.

Additional requirements for all DB plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
PBGC Comprehensive Premium Filing — ERISA §4007 & PBGC Reg. §4007.11 Form used to file flat-rate premium payment and variable-rate premium payment. Links to premium filing system and filing instructions available	DB plans	No participant reporting requirement. Filed with PBGC. Electronic filing is mandatory, absent a PBGC-granted exemption for good cause.	Plan administrator	Generally, 15th day of 10th calendar month after first day of plan year
Notice of Reduction in Future Accruals — ERISA §204(h), IRC §4980F & Treas. Reg. §54.4980F-1 Notice of amendment significantly reducing rate of future accruals, including reductions in early retirement benefits or retirement-type subsidies	DB plans and DC plans subject to funding rules	For single-employer plans, sent to participants and alternate payees expected to be affected and unions representing affected participants. For multiemployer plans, contributing employers also must be notified. No filing requirement	Plan administrator	For single employer plans, generally, 45 days before effective date of amendment. For multiemployer plans, generally 15 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.
Explanation of Qualified Joint and Survivor Annuity (QJSA) & Qualified Optional Survivor Annuity (QOSA) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20, 1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QJSA and QOSA, right to waive, right to revoke waiver, spousal consent requirement, consequences of failing to defer commencement of benefits and explanation and relative value of other optional benefit forms	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
Explanation of Qualified Preretirement Survivor Annuity (QPSA) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20,1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QPSA, right to waive, right to revoke waiver and spousal consent requirement	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 age 34 or separate from service before age 35. A plan that fully subsidizes QPSAs and does not allow a participant to waive the QPSA or to select a nonspouse beneficiary need not provide this notice.

Additional requirements for single-employer DB plans

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Failure to Meet Minimum Funding Standard — ERISA §101(d) Required notice of employer's failure to make required minimum funding payments	Single-employer 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.
Notice of Benefit Limitations and Restrictions — ERISA §§101(j) & 502(c)(4) & 206(g); IRC §436 & IRS Notice 2012-46 Notice that plan has become subject to benefit restrictions on unpredictable contingent benefits, prohibited payments or limitation on benefit accruals, as applicable, when plan's adjusted FTAP is less than specified percentages	Single-employer 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
PBGC Form 10-Advance (Advance Notice of Reportable Events) — ERISA §4043 & PBGC Reg. §4043 Subparts A & C 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	PBGC-covered single-employer 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.

Additional requirements for single-employer DB plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
PBGC Form 10 (Post-Event Notice of Reportable Events) — ERISA §4043 & PBGC Reg. §4043 Subparts A & B 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.	PBGC-covered single-employer 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 Financial and Actuarial Information Reporting (if prior year's FTAP of any plan in controlled group is less than 80%) — ERISA §4010 & PBGC Reg. §4010 Annual financial and actuarial information notice of plan's funding status and limits on PBGC's guarantee.	PBGC-covered single-employer 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.	Filed with PBGC; electronic filing required. More information available. No participant disclosure requirement	Contributing sponsor and each member of contributing sponsor's controlled group. One report on behalf of entire controlled group satisfies requirement	On or before 105th day after end of filer's fiscal year (or calendar year, if controlled group members have different fiscal years).

Additional requirements for single-employer DB plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
PBGC Form 200 (Notice of Failure to Make Required Contributions) — IRC §430(k)(4), ERISA §303(k)(4) & PBGC Reg. §4043.81 Notification of plan sponsor's failure to pay quarterly contributions to a DB plan where total unpaid balance is at least $1 million	PBGC-covered single-employer DB plans	Filed with PBGC; electronic filing required. More information available. No participant disclosure requirement	Contributing sponsor and, if contributing sponsor is a member of a "parent-subsidiary" controlled group, ultimate parent; however, filing by either one satisfies requirement	No later than 10 days after due date for any required payment that was not paid when due
Substantial Cessation of Operations Notice — ERISA §§4062(e) 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 percent or greater.	Single-employer DB plans	Sent to PBGC. More information available	Plan sponsor	60 days after trigger satisfied

Additional requirements for multiemployer DB plans

Item	Plans Affected	Recipients	Sender	Due Date
Disclosure of Multiemployer Information (including Actuarial and Financial Reports) — ERISA §101(k) & DOL Reg. §2520.101-6 (not yet revised for Multiemployer Pension Reform Act (MPRA) of 2014) Copies of periodic actuarial reports (including sensitivity testing), certain financial reports, applications for amortization extension, current SPD, plan and trust documents, Forms 5500, annual funding notices, audited financials, Funding Improvement Plan and/or Rehabilitation Plan and an employer's own participation agreements	Multiemployer DB plans	Sent to participants, beneficiaries, participating unions or contributing employers upon request. No filing requirement	Plan administrator	Within 30 days of written request. Requesting party is entitled to receive only one copy of any report or application during any 12-month period. Requests for certain documents limited to latest or current version, or to those in plan's possession for five years or less, or, for an employer's participation agreements, current and five immediately preceding years
Notice of Potential Withdrawal Liability — ERISA §101(l) Notice providing estimated amount of employer's withdrawal liability and how such estimated liability was determined	Multiemployer DB plans	Sent to contributing employers with an obligation to contribute. No filing requirement	Trustees	Generally, within 180 days of a written request. Employers are entitled to receive only one notice during any 12-month period.
Multiemployer Plan Summary Report — ERISA §104(d) Report provides certain financial information, such as contribution schedules, benefit formulas, number of employers obligated to contribute under a collective bargaining agreement, number of participants on whose behalf no contributions were made for a specified period, number of withdrawing employers and withdrawal liability. Most information required to be provided is similar to information required under ERISA §103(f)(2) on Form 5500 Schedule R, Retirement Plan Information.	Multiemployer DB plans	Sent to participating unions and contributing employers. No filing requirement	Plan administrator	Within 30 days after Form 5500 filing due date

Additional requirements for multiemployer DB plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
Funding-Status Certification — ERISA §305(b)(3)(A) & IRC §432(b)(3)(A) Certification by actuary of whether DB plan is in endangered status for plan year, is or will be in critical status for plan year, or is or will be in critical and declining status for plan year. Additional certifications include whether an endangered plan will be neither endangered nor critical (i.e., green) by end of 10th plan year after certification year under special rule in ERISA §305(b)(5), and whether a plan that is neither endangered nor critical for a plan year is projected to be in critical status in any of succeeding five plan years under ERISA §305(b)(4). If plan has a Funding Improvement Plan or Rehabilitation Plan, actuary must certify whether or not plan is making scheduled progress.	Multiemployer DB plans	Filed with IRS and trustees. See "Notice of Endangered or Critical Status" below for related notice to participants, beneficiaries, participating unions and contributing employers. A separate notice to bargaining parties and PBGC is required for a plan that would be in endangered status but for special rule in ERISA §305(b)(5) and different notices are required for a plan that is projected to be in critical status in succeeding five years under ERISA §305(b)(4) depending on whether plan elects, or does not elect, to be in critical status for current year.	Actuary	Not later than the 90th day of each plan year
Notice of Endangered or Critical Status — ERISA §305(b)(3)(D) & IRC §432(b)(3)(D) Notice of plan's funded status as endangered, critical or critical and declining. If a plan is in critical status, notice must explain that adjustable benefits, as defined in ERISA §305(e)(8)(A)(iv), may be reduced. Plans certified to be in critical and declining status should include that information in notice, subject to trustees' determination with advice of counsel.	Multiemployer DB plans in endangered or critical status	Sent to participants, beneficiaries, participating unions and contributing employers. Filed with PBGC and DOL. See "Funding-Status Certification" above for related notice to IRS and trustees.	Trustees	Within 30 days after certification of endangered, critical or critical and declining status

Additional requirements for multiemployer DB plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
Notice to Bargaining Parties for Endangered or Critical Plans — ERISA §305(c)(1)(B) & IRC §432(c)(1)(B) for endangered plans; ERISA §305(e)(1)(B) & IRC §432(e)(1)(B) for critical plans Notice provides bargaining parties with schedules showing revisions to benefit structures and/or contribution increases needed to reach funding benchmarks.	Multiemployer DB plans in endangered, critical or critical and declining status	Sent to participating unions and contributing employers. No filing requirement	Trustees	Within 30 days after adoption of Funding Improvement Plan by endangered plans or adoption of Rehabilitation Plan by critical or critical and declining plans
Notice to Participants and Beneficiaries of Reductions Under Rehabilitation Plan — ERISA §305(e)(8)(C) & IRC §432(e)(8)(C) Notice of any reduction to adjustable benefits	Multiemployer DB plans in critical or critical and declining status that adopt reductions in adjustable benefits	Sent to participants, beneficiaries, participating unions and contributing employers. No filing requirement	Trustees	At least 30 days before effective date of reductions
Annual Statement of Compliance for Plans That Receive Special Financial Assistance (SFA) — ERISA §4262(m) & PBGC Reg. §4262.16(i) Required annual statement that SFA-recipient plan is in compliance with SFA terms and conditions as provided under PBGC regulations and ERISA §4262. Statement includes certification of compliance by authorized trustee or authorized representative	Multiemployer DB plans that receive SFA	Filed with PBGC; electronic filing required. More information available	Authorized current trustee or authorized representative	No later than 90 days after the end of each plan year through the last plan year ending in 2051. If six or fewer months remain in plan year after the month that includes the date plan first received SFA payment, first statement must cover period from date plan received SFA payment through last day of the plan year following the plan year in which plan received SFA and must be filed no later than the 90 days after the end of that plan year. More information and model statement available

Requirements for DC Plans

Additional requirements for all DC plans

Additional requirements for single-employer money purchase/annuity DC plans

Additional requirements for multiemployer money purchase/annuity DC plans

Additional requirements for profit-sharing DC plans

Additional requirements for 401(k) plans

DC plans must also satisfy the requirements for all plans and the requirements for all retirement plans.

Additional requirements for all DC plans

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Availability of Investment Advice — ERISA §§408(b)(14) & 408(g)(1) & DOL Reg. §2550.408g-1 Required notice to participants and beneficiaries in DC plans with participant-directed investments regarding availability of investment advice services. Absent notice and compliance with ERISA requirements, a transaction involving provision of investment advice may be a prohibited transaction. Sample notice available	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)
Blackout Period Notification — ERISA §101(i) & DOL Reg. §2520.101-3 Advance notice of a period of more than three consecutive business days during which normal rights to direct investment of assets in accounts or obtain plan loans or distributions are restricted	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.
Disclosure of Plan Fees and Expenses — ERISA §404(a) & DOL Reg. §2550.404a-5 Required annual disclosure of specified plan information and specified investment-related information, quarterly statements of fees deducted from individual accounts and, upon request, disclosure of certain specified investment-related information. Required annual investment information must be in form of a chart as specified in regulations. Sample disclosure chart available	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.

Additional requirements for all DC plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
404(c) Disclosures — ERISA §404(c) & DOL Reg. §2550.404c-1 Disclosures required for a participant-directed DC plan that wants to limit its fiduciary liability for participant and beneficiary investment decisions. Disclosures include a statement that plan is intended to be an ERISA §404(c) plan and that fiduciaries may be released from liability for any losses that are direct and necessary result of investment instructions from participant or beneficiary; required disclosures under ERISA §404(a) (see "Disclosure of Plan Fees and Expenses"); and a description of confidentiality procedures applicable to investment direction of employer securities in an employer security investment option, if available.	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. The disclosure can be included in the SPD.
Notice of Qualified Default Investment Alternative (QDIA) (if participant-directed) — IRC §414(w), ERISA §404(c)(5) & DOL Reg. §2550.404c-5(d) Notice describes right to direct investments in a broad range of investment alternatives and how accounts will be invested in absence of participant direction. Notice may be combined with other ERISA §404(c) notices. (See "§404(c) Disclosures" above.) Sample notice available	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

Additional requirements for all DC plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Right to Divest Employer Securities — ERISA §§101(m) & 204(j), IRC §401(a)(35), Treas. Reg. §1.401(a)(35)-1 & Notice 2006-107 Notification to participants in DC plans whose account balances are invested in publicly traded securities of their employer of right to diversify into alternative investments and importance of diversification. Sample notice available. IRS regulations provide exceptions for plans that hold employer securities indirectly as part of certain broader investment funds (including for multiemployer DC plans, funds managed by an ERISA 3(38) investment manager) that meet specified requirements.	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. Informal IRS guidance indicates that multiemployer plans are not required to be amended for IRC §401(a)(35) until year following year in which plan **fails to qualify** for exception described above.
Summary Annual Report — ERISA §104(b)(3) & DOL Reg. §2520.104b-10 Narrative summary of financial information reported on Form 5500 (see "Form 5500 Series") and statement of right to receive annual report. Sample report available; see "General Reporting and Filing Compliance Assistance" tab	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

Additional requirements for single-employer money purchase/annuity DC plans

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Failure to Meet Minimum Funding Standard — ERISA §101(d) Required notice of employer's failure to make required minimum funding payments	DB plans and DC plans subject to funding requirements	Sent to participants, beneficiaries and alternate payees. No filing requirement	Plan administrator	DOL 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.
Notice of Reduction in Future Accruals — ERISA §204(h), IRC §4980F & Treas. Reg. §54.4980F-1 Notice of amendment significantly reducing rate of future accruals, including reductions in early retirement benefits or retirement-type subsidies	DB plans and DC plans subject to funding rules	Sent to participants and alternate payees expected to be affected and unions representing affected participants and contributing employers. No filing requirement	Plan administrator	For single employer plans, generally, 45 days before effective date of amendment. For multiemployer plans, generally 15 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.
Explanation of Qualified Joint and Survivor Annuity (QJSA) & Qualified Optional Survivor Annuity (QOSA) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20, 1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QJSA and QOSA, right to waive, right to revoke waiver, spousal consent requirement, consequences of failing to defer commencement of benefits and explanation and relative value of other optional benefit forms	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
Explanation of Qualified Preretirement Survivor Annuity (QPSA) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20,1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QPSA, right to waive, right to revoke waiver and spousal consent requirement	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.

Additional requirements for multiemployer money purchase/annuity DC plans

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Reduction in Future Accruals — ERISA §204(h), IRC §4980F & Treas. Reg. §54.4980F-1 Notice of amendment significantly reducing rate of future accruals, including reductions in early retirement benefits or retirement-type subsidies	DB plans and DC plans subject to funding rules	Sent to participants and alternate payees expected to be affected and unions representing affected participants and contributing employers. No filing requirement	Plan administrator	For single employer plans, generally, 45 days before effective date of amendment. For multiemployer plans, generally 15 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.
Explanation of Qualified Joint and Survivor Annuity (QJSA) & Qualified Optional Survivor Annuity (QOSA) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20, 1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QJSA and QOSA, right to waive, right to revoke waiver, spousal consent requirement, consequences of failing to defer commencement of benefits and explanation and relative value of other optional benefit forms	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
Explanation of Qualified Preretirement Survivor Annuity (QPSA) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20,1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QPSA, right to waive, right to revoke waiver and spousal consent requirement	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.

Additional requirements for profit-sharing DC plans

Item	Plans Affected	Recipients	Sender	Due Date
Explanation of Qualified Joint and Survivor Annuity (QJSA) & Qualified Optional Survivor Annuity (QOSA) (if plan offers an annuity form of payment) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20, 1.417(a)(3)-1 & 1.417(e)-1 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	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
Explanation of Qualified Preretirement Survivor Annuity (QPSA) (if plan offers an annuity form of payment) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20,1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QPSA, right to waive, right to revoke waiver and spousal consent requirement	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 the QPSA or to select a nonspouse beneficiary need not provide this notice.

Additional requirements for 401(k) plans

Item	Plans Affected	Recipients	Sender	Due Date
Notice of Intent to Use 401(k) and 401(m) Safe-Harbor Formula — IRC §401(k)(12), Treas. Reg. §1.401(k)-3(d) & Notices 2016-16 and 2020-86 Notice to participants describing their rights and obligations under a 401(k) or 401(m) plan, including a description of safe-harbor matching or safe-harbor nonelective employer contribution formulas, how and when to make deferral elections and other required information. Requirements, including notice requirements, related to mid-year changes in safe-harbor matching contributions are available. Effective for plan years beginning after December 31, 2019, the notice requirement was eliminated for plans using a safe-harbor formula with non-elective contributions. The requirement remains for safe-harbor plans using matching contributions. Elimination of the notice does not eliminate the right of employees to make or change an election at least once per year. Notice available	§401(k) plans	Sent to participants and all employees eligible to participate under safe-harbor formula. No filing requirement	Plan administrator	**Initial notice for new plan or newly eligible employees:** No more than 90 days before and no later than eligibility date. **Annual notice:** At least 30 but no more than 90 days before beginning of plan year
Notice of 401(k) Qualified Automatic Contribution Arrangement (QACA) & Eligible Automatic Contribution Arrangement (EACA) — IRC §§401(k)(13)(E) & 414(w)(4), ERISA §§404(c)(5) & 514(e)(3), Treas. Reg. §1.401(k)-3(k)(4) & DOL Reg. §2550.404c-5(d) Notice describes rights and obligations under 401(k) plan with automatic enrollment arrangement, including right to elect not to have salary deferrals made on employee's behalf, right to elect a different deferral percentage and how contributions will be invested in absence of an investment election. Sample notice available	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.

Additional requirements for 401(k) plans *(continued)*

Item	Plans Affected	Recipients	Sender	Due Date
Explanation of Qualified Joint and Survivor Annuity (QJSA) & Qualified Optional Survivor Annuity (QOSA) (if plan offers an annuity form of payment) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20, 1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QJSA and QOSA, right to waive, right to revoke waiver, spousal consent requirement, consequences of failing to defer commencement of benefits and explanation and relative value of other optional benefit forms	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
Explanation of Qualified Preretirement Survivor Annuity (QPSA) (if plan offers an annuity form of payment) — ERISA §205(c), IRC §417(a)(3) & Treas. Reg. §§1.401(a)-11, 1.401(a)-20,1.417(a)(3)-1 & 1.417(e)-1 Notice explaining terms and conditions of QPSA, right to waive, right to revoke waiver and spousal consent requirement	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 age 34 or separate from service before age 35. A plan that fully subsidizes QPSAs and does not allow a participant to waive the QPSA or to select a nonspouse beneficiary need not provide this notice.

This *Reporting and Disclosure Guide for Benefit Plans*, which was posted in December 2022, is for informational purposes only and does not constitute legal or tax advice. It is intended to indicate general reporting and disclosure requirements applicable to ERISA-covered retirement plans and health and welfare benefits on an annual basis. It is not exhaustive and does not cover all fact patterns, such as 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). You are encouraged to discuss the issues raised here with your legal, tax and other advisors before determining how the issues apply to your specific situations.

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