

Government Reporting & Disclosure Compliance Calendar



For Administrators of Multi-Employer Pension
and Welfare Plans under ERISA

This calendar reflects requirements as of January 1, 2009

Introduction

The **2009 Reporting & Disclosure Compliance Calendar for Administrators of ERISA Employee Benefit Plans** was prepared by J.P. Morgan Compensation and Benefits Strategies¹ Government Reporting and Disclosure Practice to assist with complying with the reporting and disclosure requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (IRC). The purpose of the calendar is to give plan sponsors and plan administrators a “quick reference” guide to help meet reporting and disclosure requirements for their employee benefit plans. It is also intended to help administrators provide timely and complete information to plan participants (and their beneficiaries) and the relevant government agencies. We suggest that you keep this document in a convenient place so that you may refer to it throughout the year.

For your convenience, we’ve divided the Reporting & Disclosure Compliance Calendar into four sections:

- › Form/Notice
- › Type of Reporting
- › Plan Type
- › Requirements & Deadline

The “**Type of Reporting**” column indicates whether the reporting or disclosure is an annual requirement or only required under certain circumstances (“special reporting” items).

The “**Plan Type**” column indicates whether the Form/Notice applies to Pension Plans, Health & Welfare Plans, or both. Remember, if multiple plans are sponsored, these requirements apply separately to each plan.

The “**Requirement & Deadline**” column specifies the requirement and the deadline or completion timeframe for each item.

We recommend that you start by reviewing the items in each section that apply to your plan type(s). Plan sponsors are required by law to act on the annual reporting items. The special reporting items are event-driven items.

The information presented here reflects reporting and disclosure requirements in effect as of January 1, 2009. Regulations are always subject to change and should be reviewed regularly with your employee benefits and tax advisor to ensure that the latest regulations/rulings are being followed. In addition, J.P. Morgan created this compliance calendar with the intention of being as complete as possible. However, despite our diligent efforts at providing a fully complete calendar, some relevant and important items could have been inadvertently overlooked and therefore may not be found on our calendar. Because the calendar may not be all-encompassing, we must disclaim responsibility for any items omitted.

Since the publication of our last Calendar, there have been a number of changes in the reporting and disclosure requirements for employee benefit plans.

¹J.P. Morgan Compensation and Benefit Strategies is part of J.P. Morgan Retirement Plan Services, a wholly-owned subsidiary of JPMorgan Chase & Co.

Pension Protection Act of 2006 (PPA): Changes that affect Multiemployer Defined Benefit Pension Plans

In 2006 Congress overwhelmingly approved and President Bush signed into law the Pension Protection Act of 2006 (PPA). This law represents the most sweeping changes to employee benefits law since the Employee Retirement Income Security Act was passed in 1974 (ERISA). As such, the passage of PPA has resulted in significant changes to the reporting and disclosure requirements for retirement plans.

Funding Notices

Beginning with plan years after 2007, the annual funding notice will no longer be required for defined benefit plans (a Summary Annual Report will still be required for annuity and health & welfare plans). It is being replaced by an expanded funding notice that must be provided within 120 days after the end of the relevant plan year. This enhanced notice must be provided to the following stakeholders: participants, beneficiaries, contributing employers, unions representing plan participants, and the Pension Benefit Guaranty Corporation (PBGC). A model notice will be issued by the Department of Labor (DOL) and should be available on its website (www.dol.gov).

Additional Required Reporting on Form 5500

Beginning for plan years after 2007, there are additional Form 5500 reporting requirements. Specifically, the following new information will be required for plan years after 2007:

- › Contributors and contributions – The total number of contributing employers and a list of any that contributed more than 5% of the total contributions to the plan during the plan year.
- › No employer contributions – The number of plan participants without employer contributions for three years in a row.
- › Ratio of no employer contributions – The ratio of participants without employer contributions in the relevant plan year to participants without employer contributions for three years in a row.
- › Amortization extension – The length of any amortization extension for the plan and any resulting reduction in the amount of required minimum contributions.
- › Shortfall method – The reduction in plan contributions if the shortfall method is used.
- › Funding status – For plans that are considered in endangered or critical status, a summary of its Funding Improvement Plan (FIP) or Funding Rehabilitation Plan (FRP).
- › Employer withdrawals – The total number of employer withdrawals and total withdrawal liability billed or estimated to be billed.
- › Assumptions and methods – An explanation of the assumptions and methods used to project future retirements and payment forms.
- › Funding percentages for merged plans – The pre-merger funded percentage of any plans that merged into the particular plan that is reporting and the post-merger funded percentage of the remaining plan.
- › Actuarial value of merged assets and liabilities – The actuarial value of assets and liabilities transferred into the reporting plan through any plans merged into it.

In addition to the additional reporting requirements detailed above, plans submitting Form 5500s for plan years after 2009 will also be required to submit the Form in an Internet-ready, electronic format. Please note the effective date of this provision has been revised from the original date upon which it was intended to become effective. Prior to the effective date of this provision, the DOL intends to post revised Forms that are submitted by plan sponsors to its website. Finally, the Form 5500 will also need to be posted to the plan sponsor's intranet site, if it has one.

Notice of Summary Plan Information for Employers and Unions

Within 30 days of the filing deadline for the Form 5500 (including any extension of time granted by the IRS), plan administrators of multiemployer pension plans must provide employers and employee representatives with the following summary plan information:

- › Contribution schedules and benefit formulas – Description of plan contribution schedules and benefit formulas, as well as any change that is made to them during the plan year.
- › New Form 5500 items – Nearly all of the new items that will be required on the Form 5500 (see the list above) are also required to be provided to employers and employee representatives.
- › Funding Status - Statement of how employers and employee representatives may obtain a copy of the FIP or the FRP and the actuarial/financial data that demonstrate any actions taken to improve the plan's financial/funding position.
- › Right to receive certain documents – Notice of right to receive a copy of the Form 5500, summary plan description (SPD), and summary of material modifications (SMM) upon request, including the details of any payments to cover the costs of providing these documents.
- › Reductions in future benefits – Advance notice of reductions in future benefits in accordance with ERISA Sec. 204(h), when sent to the plan's participants.

The Internal Revenue Service (IRS) is slated to issue a model notice. When it has been released, it should be made available on the IRS website (www.irs.gov).

Plan Information that Must Be Provided upon Request

Upon written request, plan administrators must provide the following information within 30 days to any participant, employer, or employee representative that requests it if the plan has had the information for at least 30 business days:

- › A copy of any periodic report received from the plan's actuary (including "sensitivity testing").
- › A copy of any quarterly, semi-annual, or annual financial report received from the plan's investment manager(s), advisor(s), or plan fiduciary(ies).
- › A copy of any application for an amortization extension and the IRS's determination related to such application.

Plan administrators are required to provide this information only once every 12 months and are allowed to charge requesting recipients with the reasonable cost of copying, mailing, and any other costs associated with providing copies of the requested information. It is important to note, however, that the PPA provides an exception from disclosure for individually identifiable information and/or information that is deemed to be proprietary business information in nature.

Notice of Potential Withdrawal Liability

Participating employers may request an estimate of their withdrawal liability once every 12 months. This estimated liability is determined as of the last day of the plan year prior to the request. Please note, this estimate must include an explanation of how it was calculated (including the actuarial assumptions and methods used). The notice must generally be provided within 180 days after the request.

Periodic Pension Benefit Statements (Defined Benefit and Defined Contribution Plans)

Defined Benefit Plan Benefit Statements

Under PPA, defined benefit plans must provide benefit statements at least once every three years to vested participants who are employed on the date of the statements by a contributing employer. As an alternative, plan administrators may notify participants on an annual basis of their right to receive a benefit statement and how they can go about obtaining it.

Defined Contribution Plan Benefit Statements

Defined contribution plans must issue statements at least once each quarter to participants that self-direct their account investments. Alternatively, the plans are only required to provide such a statement once per calendar year if participants do not have the right to self-direct the investments in their accounts. Regardless of statement frequency, these statements must include the value of the assets in each investment vehicle and an explanation of the importance of asset diversification.

Additional Content and Timing

These benefit statements must disclose the total value of accrued benefits, as well as the vested portion of these benefits or the earliest date on which all of the total accrued benefit will become vested. The effective date of this statement requirement is the earlier of: (1) the later of December 31, 2007 or the expiration of the longest running collective bargaining agreement in effect on August 17, 2006 or (2) December 31, 2008 (i.e., no later than December 31, 2008). The DOL is required to issue a model benefit statement.

Rather than view these statements as a burden, plan sponsors should take this opportunity to communicate to employees the value of participating in the sponsor's plans. It is likely that plan participants will find statements highly valuable that include not only the required information about their retirement plan assets, but also information related to the total employer cost of and fund contributions to provide them with both retirement and health benefits. In addition, plan sponsors may wish to utilize these statements as an opportunity to educate participants about the importance of planning and saving for retirement. Such information may encourage participants to increase their own rate of savings for retirement.

Pension Protection Act of 2006 (PPA): Additional Reporting and Disclosure Requirements for Multiemployer Defined Benefit Plan deemed Endangered or in Critical Status

Annual Certification of Status

The plan actuary must annually certify to the Secretary of the Treasury and to the plan's sponsor whether or not the plan is endangered or in critical status for the relevant plan year. This certification must be made by the 90th day of each plan year. The actuary must base its determination of status on the most recently filed Form 5500 or the actuarial valuation for the plan year just ended.

Notices

Endangered plans or plans in critical status must meet the following notice requirements:

- › Once a plan is certified as endangered or in critical status it must notify participants and beneficiaries, the bargaining parties, the PBGC, and the Secretary of Labor within 30 days of the date of such certification. The Secretary of Labor will issue a model notice that satisfies these requirements (as well as the requirements in the next bulleted item).
- › If a plan is certified as being in critical status or will be in critical status, the above notice must include an explanation of the possibility that (1) adjustable benefits may be reduced and (2) such reductions may apply to participants and beneficiaries whose benefit commencement date is on or after the date that such notice is provided for the first plan year in which the plan is in critical status.
- › For plans that are in critical status and the automatic surcharge in employer contributions applies, the surcharge does not apply to an employer until 30 days after the employer has been notified by the plan sponsor that the plan is in critical status and that the surcharge is in effect.
- › Plans in critical status that intend to reduce adjustable benefits must notify participants, employers, and any relevant unions at least 30 days prior to such reduction. Such notification must contain (1) adequate information to enable participants and beneficiaries to understand the effect of any reduction of their benefits, including providing them with an estimate (either as a monthly or annual amount) of any affected adjustable benefit that a participant or beneficiary would otherwise have been eligible for as of the general effective date for benefit reductions and (2) information as to the rights and remedies of plan participants and beneficiaries as well as how to contact the DOL for additional information and assistance (if necessary).
- › Further, for plans in critical status a reduction in adjustable benefits of any participant or beneficiary in pay status shall not apply until the plan provides notice to the participant or beneficiary for the first critical year.

Annual Report

For plans in endangered or critical status, a funding improvement plan (FIP) or funding rehabilitation plan (FRP) must be adopted by its trustees no later than 330 days after the start of the plan year. This plan must be updated annually and included with the Form 5500 submission that is sent to the DOL.

Major Revisions to the Form 5500 (2008 and 2009 plan years)

As required by The Pension Protection Act of 2006 (PPA), the DOL, IRS and PBGC have adopted revisions to the Form 5500 filing requirements that are intended to facilitate the move to a wholly electronic filing system, reduce annual reporting burdens and reflect PPA changes. The revisions include simplified reporting for small plans, the elimination of IRS-only Schedules (Schedule SSA), separate actuarial schedules, and increased insurance and service provider information disclosures.

Some of the revisions stated above apply on a transitional basis for the 2008 reporting year with full implementation for the 2009 reporting year.

2008 Plan Year Changes (Transitional Year)

Schedule B Changes: Separate Actuarial Schedules

As required by PPA, the Form 5500 Schedule B (Defined Benefit Information) will be replaced by the Schedule MB, Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information.. This schedule will apply to defined benefit plans subject to minimum funding standards only (as the Schedule B currently does). To meet PPA requirements, this schedule must be filed as a “non-standard” attachment for the 2008 plan year. Beginning with the 2009 plan year, the Schedule MB must be filed electronically along with the rest of the Form 5500.

Schedule R Changes: Additional Questions

The 2008 Schedule R is essentially unchanged from the 2007 plan year schedule. However, the instructions for the schedule have been updated to include information on how to create attachments that must be included with the Schedule for any plan that has 1,000 or more participants. Because 2008 is a transitional year, this attachment requirement will only apply to the 2008 plan year. Beginning with the 2009 plan year, the additional information that must be included in these attachments will be provided to the Department via a revised Schedule R. The reason for the one-year delay in revising the Schedule R is related to changes to the Form 5500 as a whole due to the upcoming mandatory electronic filing requirement.

The Department has not yet released these revised instructions. However, we do know that these will address several new questions related to a plan's asset allocation, the duration of the plan's debt portfolio, and questions that are specific to multiemployer plans.

2009 Plan Year Changes

Mandatory Electronic Filing

The Pension Protection Act of 2006 mandated electronic filing of the Form 5500. Because of various setbacks, the Department has delayed the implementation of this mandate several times. The delays have ended and the Department will officially implement this mandate beginning with the 2009 plan year. Based on what the Department has stated thus far, it appears that there will be two options for filing under the new system:

- › A web-based system which will allow users to input the filing information directly over the Internet.
- › Transmission of the Form information through the use of an approved, privately developed software program which would need to be purchased from an outside vendor.

In addition, based on what we know at this time here are some other important things to note about the mandatory filing requirements:

- › At its sole discretion, the Department of Labor may consider providing relief from late filing penalties that arise because of difficulties filing electronically the first year. In short, the Department has acknowledged that the first year may not go as smoothly as everyone would hope, potentially creating some filing delays.
- › The Form 5500-EZ is not subject to mandatory electronic filing.
- › Anyone that signs the Form 5500 must apply for authentication credentials from the Department.
- › In the spring of 2009, the Department will kick off a public outreach program. This program will focus on helping everyone better understand the changes to the Form 5500 and what to expect once the new electronic filing requirements go into effect.
- › Under the PPA of 2006, the Department must establish a public disclosure website. Generally, filings submitted via the new electronic system will be posted to this new website once it has been established.

Schedule A Changes: Increased Insurance Information Disclosure

Since the Form 5500 received its latest major overhaul several years ago, plan sponsors and preparers have often struggled to obtain complete and accurate Schedule A information. While insurance carriers are required by law to provide complete and accurate information, many simply do not. Beginning with the 2009 plan year, the Schedule has been revised to include an additional part where plan sponsors and preparers can report any carriers that fail to comply by providing the appropriate information. It is not clear what the Department will do with this information, but it is well within its authority to penalize such non-compliers.

Schedule C Changes: Increased Service Provider Information Disclosure

After a spat of scandals beginning in 2000, the Department of Labor became concerned with the level of fee disclosures provided by retirement plans, particularly defined contribution plans (because they involve the direct investment of participant contributions). The Department's two primary concerns were: (1) the reasonableness of the fees charged by service providers and (2) whether the fees being paid were improperly influencing the recommendations made by service providers to plan fiduciaries. As a direct result of these concerns, the Schedule C (Service Provider Information) will require additional disclosure of fees paid by plans beginning with the 2009 plan year Form 5500. These additional disclosure requirements fall into three distinct categories:

- › Indirect compensation is required to be reported
- › Forty (40) highest-paid service provider limit is removed
- › Required identification of service providers that provide inaccurate or incomplete information

Indirect Compensation Requirements

Compensation paid by plans can be divided into two types: direct and indirect. Direct compensation is compensation that is paid directly from the plan or plan sponsor. Common examples include: recordkeeping fees, annual financial audit fees, and fees related to actuarial services. Indirect compensation is generally compensation that is paid from sources other than directly from the plan or plan sponsor. One of the best examples of such compensation is the fees paid to mutual funds or bank commingled funds in which the plan invests that are charged against the fund and reflected in the fund's return (i.e., aka known as the fund's expense ratio). Other common examples include: fees paid under revenue sharing agreements, investment management fees, account maintenance fees, brokerage commissions, finder's fees, 12b-1 distribution fees, and compliance service fees.

Prior to the 2009 plan year, the Department only required plan sponsors to report direct compensation on the Schedule C. Under the new reporting rules, both types of compensation must generally be reported on the Schedule C. That seems simple enough, right? Now let's complicate things. Above we say "generally" because the Department has also included several special disclosure provisions within the new requirements:

- › Eligible indirect compensation – "Eligible indirect compensation" is a term coined by the Department that is specifically related to indirect compensation and the new reporting rules. In short, if compensation meets the requirements necessary to be considered eligible indirect compensation it receives special consideration. This special consideration is in the form of the receiving party having to report that they received eligible indirect compensation, but not the amount of such compensation. There are two essential qualifications that must be met before compensation can be deemed eligible indirect compensation:
 - Specific types of indirect compensation – It must be indirect compensation that is (1) a fee or expense reimbursement payment that is charged to an investment fund and which is reflected in the value of the investment or return on investment of the participating plan or its participants (NOTE: such fees must be paid directly out of plan funds rather than being reimbursed by the plan), (2) finder's fees soft dollar revenue, (3) float revenue, and/or (4) brokerage commissions or other transaction-based fees for transactions or services involving the plan that were not paid directly by the plan or plan sponsor (regardless of whether they are capitalized as investment costs).
 - Written disclosures – Certain written disclosure requirements must also be met. Specifically, the plan must have received written materials that disclosed and described: (1) the existence of the indirect compensation, (2) the services provided for the indirect compensation or the purpose for payment of the indirect compensation, (3) the amount (or an estimate) of the compensation or a description of the formula used to calculate or determine the compensation, and (4) the identity of the party or parties paying and receiving the compensation.

- › Bundled service agreements - A bundled service arrangement includes any service arrangements where the plan hires one company to provide a range of services either directly from a single provider (i.e., a fully-integrated provider), through affiliates or subcontractors (i.e., alliances), or through a combination of the two (i.e., alliances). Whether the services are delivered through a fully-integrated arrangement or via an alliance, the primary characteristic of such an arrangement is that all of the services under the arrangement are priced to the plan as a single package rather than on a service-by-service basis. An example of this type of arrangement would be a mutual fund company that provides investment management, recordkeeping, and compliance services either all in-house or partially in-house/partially through subcontractors. In general, compensation that is paid via such an arrangement is to be reported on the Schedule C as direct compensation only (i.e., such direct payments do not have to be allocated among affiliates or subcontractors and do not have to be reported as indirect compensation received by these affiliates or subcontractors). However, there are three important exceptions:
 - The amount paid related to an affiliate or subcontractor that is set on a per transaction basis (e.g., brokerage fees and commissions) must be treated as separate compensation by the entity receiving the compensation.
 - Any fees charged to the plan’s investment and reflected in the net value of the investment (such as management fees paid by mutual funds to their investment advisors, float revenue, commissions, finder’s fees, 12b-1 distribution fees, account maintenance fees, and shareholder servicing fees) must be treated as separate compensation by the entity receiving the compensation. This exception addresses the Department’s “reasonableness” policy concern.
 - For any entity that is conflict of interest sensitive, commissions and other transaction based fees, finder’s fees, float revenue, soft dollar and other non-monetary compensation, must be treated as separate compensation, even if that compensation is paid from mutual fund management fees or other fees charged to the plan’s investments and are thus reflected in the investment’s return. This exception addresses the Department’s “conflict of interest” policy concern. “Conflict of interest sensitive” persons include any plan fiduciary and any person providing contract administrator, consulting, investment advisory (to the plan or to participants), investment management, securities brokerage, or recordkeeping services.
- › Estimated compensation versus actual compensation – As stated already, under the new reporting rules, indirect compensation must be reported unless this compensation qualifies as eligible indirect compensation. However, the new rules offer the providers of this newly-disclosable information (i.e., the receiver of the compensation) two options for providing this information: (1) they can provide the actual amount of the compensation or (2) they can provide a formula pursuant to which such compensation is determined. While this second option may be advantageous to some providers, it creates a potential dilemma for plan sponsors because they must include an actual amount when submitting the Schedule C to the Department.

Forty (40) Highest-paid service provider limit is removed

The current reporting rules require that only the forty (40) highest-paid service providers to large plans that are paid over \$5,000 be reported on the Schedule C. The new reporting rules remove this limitation – going forward all service providers to large plans that are paid over \$5,000 must be reported on the Schedule C.

Required identification of service providers that provide inaccurate or incomplete information

Currently, there is no requirement that plan sponsors identify parties that either fail to report inaccurate expense information or that report incomplete information. Under the new reporting scheme, the plan sponsor must report such parties on the Schedule C. Initially, this requirement was scheduled to become effective with the 2009 plan year. However, because compliance with the new indirect compensation rules (see above) may be difficult for some providers, the latest FAQs released by the Department (July 2008) state that the plan sponsor will not have to identify non-complying service providers for the 2009 plan year provided “the plan administrator receives from the service provider a statement that (1) the service provider made a good faith effort to make any necessary recordkeeping and information system changes in a timely manner and (2) despite such efforts, the service provider was unable to complete the changes for the 2009 plan year.” This one-year exception will apply to the 2009 plan year only. After this grace period expires, the new requirements will go into effect. It is still unclear what (if anything) the Department will do with respect to non-complying service providers after the 2009 plan year, but it does have the authority to penalize such providers if it elects to do so.

Impact

For plan sponsors, the new Schedule C requirements mean that they now have an obligation to collect additional, more detailed information from service providers to the plans that they sponsor. This makes coordination between the plan sponsor and their service providers upfront more important than ever.

Schedule SSA Becomes Form SSA

As discussed above, any IRS-only schedules are being eliminated due to the mandatory shift to electronic filing. One of these schedules is the Schedule SSA (Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits). However, the good news ends there. While the schedule is being eliminated, it is being replaced with the Form SSA, which will have to be provided to the IRS directly. It is still unclear how this will be provided to the IRS (i.e., paper or electronically), but it appears that the Form SSA will look very much like the current Schedule SSA, at least for the first few years.

PBGC

2009

Per-Participant Flat-Rate Premium	\$9.00
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The Deficit Reduction Act of 2005 provides for inflation adjustments to the per-participant flat-rate premiums each year. These adjustments are based on changes in the national average wage index as defined in section 209(k)(1) of the Social Security Act, with a two-year lag – for example, for 2009, the 2007 index is compared to the baseline (the 2004 index).

Subject to previous guidance published by the PBGC, premium filings for plans are required to be e-filed. To electronically submit filings and payments to the PBGC, use the PBGC’s online application, “My Plan Administration Account” (My PAA). Information on My PAA, comprehensive filings, and more can be found at the PBGC’s Web site (www.pbgc.gov) on the page for Practitioners.

Department of Health and Human Services Requirements

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Creditable Coverage Disclosure Notice to Centers for Medicare & Medicaid Services (CMS)	Annual Reporting	Group Health Plans	<p>The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) requires that most entities that provide prescription drug coverage to Medicare Part D eligible individuals disclose to the CMS whether the coverage is “creditable prescription drug coverage.” In addition, the disclosure must state whether the entity’s coverage is primary or secondary to Medicare.</p> <ul style="list-style-type: none"> › Separate notice must be furnished to plan participants within 60 days after the beginning of the plan year. › Must also be provided to CMS within 30 days of the termination date of a plan’s prescription drug coverage or after a change in the creditable status of the plan. › Plans that have been approved to receive the Retiree Drug Subsidy (RDS) are exempt from providing this notice to CMS with respect to retirees for whom the plan is claiming/receiving the subsidy. <p><i>This is only applicable for group health plans that provide prescription drug coverage to Medicare Part D-eligible individuals, except entities that contract with or become a Part D plan.</i></p>
Application for Retiree Drug Subsidy (RDS) & Attestation of Actuarial Equivalence	Annual Reporting	Group Health Plans	<p>The Medicare RDS is designed to encourage employers and unions to continue providing high-quality prescription drug coverage to their Medicare-eligible retirees. For plans that are at least equivalent to the value of the defined standard Part D drug benefit in 2009, the RDS will pay 28 percent of the retiree’s drug costs (as defined by the regulation) between \$295 and \$6,000. These payments are tax-free. To qualify for this subsidy, the plan sponsor must apply for it and also demonstrate that the coverage that it provides is at least as generous as (i.e., “actuarially equivalent”), or more generous than, the defined standard coverage under the Medicare prescription drug benefit.</p> <ul style="list-style-type: none"> › Application and attestation must be submitted annually to the CMS through the online RDS system at least 90 days prior to the start of the plan year. A 30-day extension may be requested. › Attestation also must be submitted to the CMS no later than 90 days before a material change to drug coverage that causes the plan to no longer be actuarially equivalent. › Plan sponsors may access information related to the RDS at www.rds.cms.hhs.gov. <p><i>This is only applicable for group health plans that provide retiree drug coverage and apply for RDS under the Medicare Prescription Drug, Improvement and Modernization Act of 2003.</i></p>
Notice of Privacy Practices for Protected Health Information (HIPAA – Health Insurance Portability & Accountability Act – Privacy Regulation)	Special Reporting & Disclosure	Group Health Plans	<p>Provided to individuals, notification of the privacy practices of their respective health plans and of most of their health care providers. This notice also must inform individuals of their privacy rights with respect to their personal health information.</p> <ul style="list-style-type: none"> › Provided at enrollment and within 60 days of a material revision to the notice. › Provided upon request. › Must notify plan participants every three years that a Notice of Privacy Practices is available and how to obtain it.
Medicare Part D Notice of Creditable Coverage	Special Reporting & Disclosure	Group Health Plans	<p>The MMA requires that certain entities offering prescription drug coverage (including group health plan sponsors) disclose to all Medicare-eligible individuals with prescription drug coverage under the plan whether such coverage is creditable. If the plan’s coverage is not creditable, the notice must also explain that there are limitations on the periods during the year in which the individual may enroll in a Medicare drug plan and that the individual may be subject to a late enrollment penalty. The notice must be provided to plan participants and beneficiaries:</p> <ul style="list-style-type: none"> › Prior to the start of the annual Part D enrollment period that is from November 15 through December 31 each year; › Prior to a participant’s Initial Enrollment Period for Medicare Part D; › Prior to the effective date of coverage for any Medicare Part D eligible individual who enrolls in the employer’s prescription drug coverage; › When the plan no longer provides any drug coverage or when the coverage is no longer creditable; and › Upon request. <p>Providing this notice to all plan participants annually satisfies the first two requirements detailed above.</p> <p><i>This is only applicable for group health plans that provide prescription drug coverage to Medicare Part D-eligible individuals, except entities that contract with or become a Part D plan.</i></p>

Department of Labor Requirements

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Summary Annual Report (SAR)	Annual Reporting	Annuity and Health and Welfare Plans	<p>Summary of information reported on the Form 5500 and a statement as to the participant's right to receive a copy of the Form 5500.</p> <ul style="list-style-type: none"> › Must be provided to participants the later of: <ul style="list-style-type: none"> · nine months after the plan year ends, or · where an extension of time has been granted with the Form 5500, two months after the Form 5500 Annual Return/Report is due. › The SAR provided to plan participants must follow the model reports provided in 29 CFR 2520.104b-10(d).
Multiemployer Defined Benefit Plan Annual Funding Notice	Annual Reporting	Defined Benefit Pension Plans	<p>The expanded funding notice that must be provided within 120 days after the end of the relevant plan year, and it must be provided to the following stakeholders: participants, beneficiaries, contributing employers, unions representing plan participants, and the Pension Benefit Guaranty Corporation (PBGC). A model notice will be issued by the Department of Labor (DOL) and should be available on its website (www.dol.gov) thereafter.</p> <p>This expanded notice must include the following items:</p> <ul style="list-style-type: none"> › Funded percentage – The funding percentage of the plan. Specifically, whether the plan's funding percentage is at least 100 percent and if it is not, the actual funding percentage for the relevant plan year and the previous two years based on the actuarial value of assets and liabilities as determined for the minimum funding standard account. › Participant counts – Including those for actives, terminated vested participants, and those in pay status. › Value of assets and liabilities – The plan must provide the value of its assets and liabilities as of the last day of the relevant plan year and the two previous years. › Funding policy and plan asset allocation – The notice will need to include a statement of the plan's funding policy and asset allocation of the plan's investments (this will need to be expressed as a percentage of total assets and the total percentages must equal 100%) as of the end of the plan year. › Funding status – For plans that are considered endangered or critical, a summary of its Funding Improvement Plan (FIP) or Funding Rehabilitation Plan (FRP) must be included in the notice. For such plans, the notice must also include an offer to provide (upon request) a copy of the complete FIP or FRP (if applicable) and the actuarial and financial data that demonstrate that the plan is taking action toward its fiscal improvement. › Change in benefits or other known events – The notice must include an explanation and projection (to the end of the relevant plan year) of the impact on liabilities of any change in benefits or other known events that the plan expects to have a material effect on plan assets or liabilities. › Number of contributing employers. › Right of any union or contributing employer to receive a copy of the annual Form 5500. › Summary of the rules regarding reorganization or insolvency as well as a description of the PBGC's guaranteed benefits.
Notice of Endangered or Critical Status	Special Reporting & Disclosure	Defined Benefit Plans	<p>The following notice requirements must be met for endangered or critical status plans:</p> <ul style="list-style-type: none"> › Once a plan is certified as endangered or in critical status it must notify participants and beneficiaries, the bargaining parties, the PBGC, and the Secretary of Labor within 30 days of the date of such certification. The Secretary of Labor will issue a model notice that satisfies these requirements (as well as the requirements in the next bulleted item). › If a plan is certified as being in critical status or will be in critical status, the above notice must include an explanation of the possibility that (1) adjustable benefits may be reduced and (2) such reductions may apply to participants and beneficiaries whose benefit commencement date is on or after the date that such notice is provided for the first plan year in which the plan is in critical status. › For plans that are in critical status and the automatic surcharge in employer contributions applies, the surcharge does not apply to an employer until 30 days after the employer has been notified by the plan sponsor that the plan is in critical status and that the surcharge is in effect. › Plans in critical status that intend to reduce adjustable benefits must notify participants, employers, and any relevant unions at least 30 days prior to such reduction. Such notification must contain (1) adequate information to enable participants and beneficiaries to understand the effect of any reduction of their benefits, including providing them with an estimate (either as a monthly or annual amount) of any affected adjustable benefit that a participant or beneficiary would otherwise have been eligible for as of the general effective date for benefit reductions and (2) information as to the rights and remedies of plan participants and beneficiaries as well as how to contact the DOL for additional information and assistance (if necessary). › Further, for plans in critical status a reduction in adjustable benefits of any participant or beneficiary in pay status shall not apply until the plan provides notice to the participant or beneficiary for the first critical year. <p>For plans in endangered or critical status, a funding improvement plan (FIP) or funding rehabilitation plan (FRP) must be adopted by its trustees no later than 330 days after the start of the plan year.</p>

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Investment Advice Disclosures (or Notice of Availability of Investment Advice)	Annual Reporting	Individual Account Plans in Pension Plans	<p>This notice should disclose the following to plan participants:</p> <ul style="list-style-type: none"> › material affiliations and contractual relationships among the parties and with respect to the investments and property offered as investment options under the plan; › past performance and historical rates of return; › fees and other compensation paid to the fiduciary investment advisor or affiliate that are related to the investment advice offered; › participant’s privacy rights; › the types of services provided in connection with the investment advice received; › acknowledgment of the fiduciary status of the provider of the investment advice; › the recipient’s right to procure independent investment advice outside of the plan’s arrangement; and › any other disclosures required by applicable securities laws. <p>Timing of the notice:</p> <ul style="list-style-type: none"> › Must be provided to plan participants and beneficiaries prior to the initial provision of investment advice and then annually thereafter. Also, must be provided at any time upon request. › When material changes to the information previously provided to plan participants are necessary, the administrator must provide updated information to participants simultaneous to the effective date of such changes. › The DOL has solicited comments regarding the provision of such advice and is supposed to release a model notice related to the disclosure of fees charged for investment advice by the fiduciary advisor. At this time this model notice has not been released. It is suggested that administrators visit the DOL Web site frequently to determine whether or not it has been released following the publishing of this calendar.
Notice of Qualified Default Investment Alternative	Annual Reporting	Defined Contribution Pension Plans	<p>Notice should explain to participants and beneficiaries (in the absence of any investment election) the plan’s provisions governing the circumstances under which contributions or other assets (e.g., earnings, rollovers, etc.) will be invested on their behalf in a qualified default investment alternative, the investment objectives, including the risk and return characteristics, of the default investment, fees and expenses attendant to the investment alternative, and the right of participants and beneficiaries to direct investments out of the default investment without penalty.</p> <p>Must be provided within a reasonable period of time of at least 30 days before each plan year to participants, alternate payees and beneficiaries of deceased participants who are eligible to make investment elections under the plan, as well as prior to the first automatic contribution in the case of certain plans that provide for participant contributions in the absence of a deferral election.</p>
Notice of Automatic Contribution Arrangement	Annual Reporting	Defined Contribution Pension Plans	<p>Notice makes participants aware of their rights and obligations under a plan’s automatic contribution arrangement (sometimes also referred to as auto-enrollment). These rights must include: (1) the participant’s right not to have elective contributions made on their behalf, (2) to change the amount/percentage of their contributions, and (3) to elect out of the arrangement prior to the first elective contribution being withheld. In addition, the notice must provide an explanation of how the participant’s contributions will be invested in the absence of any investment election on the part of the participant.</p> <p>Must be furnished within a reasonable period of time before the beginning of the plan year to each participant to whom the arrangement will apply in the upcoming plan year, as well as prior to the first automatic contribution (or within 30 days after the employee’s eligibility date if the participant is able to “unwind” the automatic contribution and if certain other requirements are met).</p>
Plan Documents	Special Reporting & Disclosure	Benefit Plans subject to Title I of ERISA	<p>The plan administrator must make certain plan documents available for inspection by plan participants and beneficiaries at the principal office of the Administrator.</p> <p>Plan documents include the following:</p> <ul style="list-style-type: none"> › plan and trust instruments › the most recent annual report (Form 5500) › any related collective bargaining agreements › contracts › other instruments under which the plan is established and/or operated <p>Upon written request, copies must be furnished to a participant or beneficiary within 30 days of receipt of such request. In addition, the plan administrator may be required to make the documents available for inspection at other locations within 10 days after the date of a participant’s or beneficiary’s request.</p>

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Summary Plan Description (SPD)	Special Reporting & Disclosure	Benefit Plans subject to Title I of ERISA	<p>As required by ERISA, a summary of plan provisions in a language that is understandable to the average participant. The SPD should give details on the administrative operations of the plan, claim procedures, and statement of ERISA protected rights. The SPD must be provided to anyone receiving benefits under the plan, including participants, retirees pension plan beneficiaries receiving benefits, and certain other individuals entitled to receive benefits either currently or in the future, within the timelines described below.</p> <ul style="list-style-type: none"> › <i>New plans</i> - Within 120 days after the later of the new plan's effective or adoptive date. › <i>Amended plans</i> - At least once every five years. › <i>All other plans</i> - No less than once every 10 years. › An SPD must be provided to new participants within 90 days of becoming a participant and any beneficiaries receiving benefits under a pension plan within 90 days after first receiving benefits under the plan. › It must be produced for the DOL within 30 days of Department request. › A penalty of up to \$110 a day (up to \$1,100) per request for a plan administrator's failure to furnish requested information within 30 days, unless failure results from matters reasonably beyond a plan administrator's control.
Summary of Material Modifications of Plan (SMM)	Special Reporting & Disclosure	Benefit Plans subject to Title I of ERISA	<p>This notice summarizes any material modifications to any information to the plan and any changes in the information required to be in the SPD must be provided to all individuals who have a right to receive an SPD.</p> <ul style="list-style-type: none"> › Within 210 days after the end of the plan year in which the plan modification is adopted unless the revised SPD that is distributed contains a modification. › Distributed to new participants within 90 days of becoming a participant of the plan. › Must be produced for the DOL within 30 days of Department request. › A penalty of up to \$110 a day (up to \$1,100) per request for a plan administrator's failure to furnish requested information within 30 days, unless failure results from matters reasonably beyond a plan administrator's control. <p>NOTE: any change to a health plan that would be considered by the average plan participant to be an important reduction in covered services or benefits must be disclosed within 60 days after the date the change was adopted.</p>
Summary of Material Reduction in Covered Services or Benefits	Special Reporting & Disclosure	Group Health Plans subject to Title I of ERISA	<p>A material reduction in covered services or benefits refers to any modification to a group health plan or change in the information required to be included in the summary plan description that, independently or in conjunction with other simultaneous modifications or changes, would be considered by the average plan participant to be an important reduction in covered services or benefits under the plan. Such material changes must be communicated to plan participants (and others entitled to receive an SPD) via a Summary of Material Reduction in Covered Services or Benefits, not later than 60 days after the adoption of the modification or change, or at regular intervals of not more than 90 days. Not later than 60 days after the adoption of the modification or change, or at regular intervals of not more than 90 days.</p>
Medical Child Support Notice	Special Reporting & Disclosure	Group Health Plans subject to Title I of ERISA	<p>ERISA was amended in 1993 to require employer-sponsored group health plans to extend health care coverage to the children of a parent/employee who is divorced, separated or never married when ordered to do so by state authorities. Such order may come in the form of the National Medical Support Notice, which has been issued by the DOL. This notice is a standardized medical child support order that is to be exclusively used by state child support enforcement agencies to enforce medical child support obligations. In the alternative, an employee or the child's other parent may submit a court or administrative order requiring the employee to provide health coverage for the child.</p> <p>Plan administrators must accept this notice if it is appropriately completed by the state's child support enforcement agency. It is to be considered appropriately completed if it provides the following information (or if the omitted information is reasonably available to the administrator):</p> <ul style="list-style-type: none"> › the name of an issuing state child support enforcement agency; › the name and mailing address of the employee, enrolled or eligible for enrollment, who is obligated by a state court or administrative order to provide medical support for each named child (please note, the mailing address can be omitted if it is known to the employer and it is not known to the child support enforcement agency); and › the name and mailing address of each child covered by the notice. The name and address of a state or local official may be substituted for the address of the child. <p>Within 40 business days after the date of the notice, plan administrators must notify the respective state agency issuing the notice with respect to such child whether coverage is available under the terms of the plan and, if so, whether the child is covered under the plan and either the effective date of coverage or (if necessary) any steps that must be taken by the custodial parent to effectuate such coverage and provide a description of such coverage. If a QMCSO is provided by a person other than a state child support enforcement agency, the plan administrator must notify the employee and custodial parent of the availability of coverage and procedures for review of the plan administrator's determination.</p>

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Women's Health and Cancer Right Act (WHCRA) Notices	Special Reporting & Disclosure	Group Health Plans	<p>Where a group health plan provides mastectomy surgery coverage, a written notice must be provided to participants and beneficiaries that describes the benefits under WHCRA and any deductibles and coinsurance limits applicable to such benefits.</p> <ul style="list-style-type: none"> › Must be provided upon health plan enrollment and annually thereafter. › Enrollment notice may be included in the SPD, open enrollment materials or employee newsletters. Annual notice may be included in other materials provided to participants, as long as the notice is actually furnished to each participant and beneficiary each year. <p><i>This is only applicable for group health plans that provide for mastectomy benefits</i></p>
SPD Notice of Newborns' and Mothers' Health Protection Act	Special Reporting & Disclosure	Group Health Plans	<p>Provides plan participants with a statement of their rights under the Newborns' and Mothers' Health Protection Act, no later than the date on which the first summary of material modification (or updated summary plan description) is required to be provided to plan participants and beneficiaries.</p>
Form M-1 (Report for Multiple Employer Welfare Arrangements (MEWAs) and Certain Entities Claiming Exception (ECEs))	Special Reporting & Disclosure	Multiple Employer Welfare Arrangement (MEWA)	<p>HIPAA established the Form M-1 filing requirement. The purpose of this form filing requirement is to provide the Employee Benefits Security Administration (EBSA) with information concerning compliance by MEWAs with the requirements of Part 7 of ERISA (including the provisions of HIPAA, the Mental Health Parity Act, the Newborns' and Mothers' Health Protection Act, and the Women's Health and Cancer Rights Act). The Form M-1 is filed with the DOL.</p> <ul style="list-style-type: none"> › For existing plans forms must be filed by March 1 of each year for the previous calendar year. › For newly established MEWAs or multiple-employer health and welfare plans, within 90 days of the date that coverage begins unless it is established (origination date) between October 1 and December 31. › For plans established between October 1 and December 31, the March 1 date applies. › A 60-day extension of time may be requested in certain instances.
Benefit Claims Procedures	Special Reporting & Disclosure	Retirement Plans and Group Health Plans	<p>ERISA requires that plans provide participants important information about the plan and to have a fair process for handling benefit claims. This process must be documented in each plan's SPD. The plan's administrator must furnish the SPD to each participant after they join the plan (participants may also request a copy of this). This document provides participants with a detailed summary of the plan: how it works, what benefits it provides, and how such benefits may be obtained (i.e., the process for filing a claim). The SPD also must include information related to the plan's appeals process, specifically when an appeal must be filed, how it is to be filed, with whom it is to be filed, and the timeline for reviewing such appeal and ruling on it.</p>
Notice of Suspension of Benefits	Special Reporting & Disclosure	Defined Benefit Plans	<p>Notification to retirees, or actives that are over normal retirement age, describing the specific reasons why benefit payments are being suspended.</p> <ul style="list-style-type: none"> › Notice must provide a general description of plan provisions relating to the suspension of payments, a copy of plan provisions, and an explanation of the plan's claims review procedures under which the suspension can be reviewed. › Notice must be provided during the first calendar month or payroll period in which the plan withholds payments on account of reemployment of a retiree or continued employment beyond the plan's normal retirement age. › Notice must be provided in the SPD.
Notice of Transfer of Excess Pension Assets to Health Benefits Accounts	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>This notice must provide plan and financial information to plan participants and beneficiaries, the DOL, the plan administrator and employee organizations representing plan participants concerning transfer of excess defined benefit pension assets to retiree health benefit accounts (i.e., a Section 401(h) account).</p> <ul style="list-style-type: none"> › No later than 60 days prior to the date of the transfer. › Employer notice must be made available for inspection at the principal office of the plan administrator.

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Blackout Notice	Special Reporting & Disclosure	Individual Account Plans in Pension Plans	<p>Individual account plans must provide advance notice to participants and beneficiaries of any period of more than three consecutive business days when there is a temporary suspension, limitation or restriction under an individual account plan on directing or diversifying plan assets, or obtaining loans or distributions. Notice must provide the reasons for the blackout, a description of the participants' and beneficiaries' rights available under the plan during the blackout period, and the expected beginning and ending date of the blackout period.</p> <p>A regularly scheduled limitation or restriction is acceptable if it has been properly disclosed.</p> <ul style="list-style-type: none"> › Applies to individual account plans. › Provided not more than 60 days and not less than 30 days before the commencement of any blackout period. The 30-day advance notice requirement does not apply if: <ul style="list-style-type: none"> · deferring the blackout period for 30 days after giving the notice would result in a violation of ERISA's fiduciary standards; · the events causing the blackout were unforeseeable (e.g., a system outage) and/or beyond the employer/plan administrator's control; or · the blackout is the result of a merger, acquisition, divestiture, or a similar transaction.
404(c) Disclosures	Special Reporting & Disclosure	Individual Account Plans in Pension Plans	<p>ERISA section 404(c) relieves the plan sponsor and other fiduciaries from liability for losses resulting from participants' direction of their investment choices. Protection under this section applies only to participant-directed investments; it does not apply to investments that are required under the plan or that are directed by the plan sponsor. To take advantage of the protection provided by section 404(c), the plan must meet several specific requirements, including the disclosure requirements discussed herein.</p> <ul style="list-style-type: none"> › Must be provided to plan participants before the investments are to be made and upon request from any plan participant. <p><i>This is only applicable to defined contribution, individual account plans that allow participants to exercise independent control over the way assets in the individual's account are invested.</i></p>

Internal Revenue Service Requirements

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Form W-2 (Wage and Tax Statement)	Annual Reporting	Defined Contribution Pension Plans and Group Health Plans	<p>A central component of the U.S. income tax system, Form W-2 is used as an information return to report to the IRS wages paid to employees and the taxes withheld from them. The form is also used to report FICA taxes to the Social Security Administration (SSA). Relevant amounts on Form W-2 are reported by the SSA to the IRS.</p> <p>Employers must complete a Form W-2 for each employee to whom they pay a salary, wage, or other compensation as part of the employment relationship. The Form W-2 reports income on a calendar year (January 1 through December 31) basis, regardless of the fiscal year used by the employer or employee for other Federal tax purposes.</p> <ul style="list-style-type: none"> › Form W-3 should be used to file this information with the SSA. › Sent to plan participants before February 1st and to (SSA) before March 1st of the calendar year following the distribution.
Reminder of Election Regarding Withholding on Annuity & Pension Plan Payments	Annual Reporting	Defined Benefit and Defined Contribution Pension Plans	<p>Serves as a reminder to recipients of annuity and/or pension payments of their current withholding election and provides them notice that they may change this status if they choose to do so.</p> <ul style="list-style-type: none"> › Provided to all retirees and any other recipients (e.g., beneficiaries) of periodic payments from the plan. › Required to be sent annually. › Payer is not required to send such a notice if it is reasonable to believe that the entire amount of the payment will not be taxable. › If a withholding is elected, participant will need to complete Form W-4P (Withholding Certificate for Pension or Annuity Payments).
Form 990 and Form 990-EZ (Return of Organization Exempt from Income Tax)	Annual Reporting	Group Health Plans that are Funded by a Trust	<p>Form 990 is the annual return of organization exempt from income tax. The Form 990-EZ is the short form generally used when annual gross receipts are less than \$100,000 and total year-end assets are less than \$250,000.</p> <ul style="list-style-type: none"> › Filed with the IRS within four-and-a-half months after the end of the plan year. › Form 8868 can be used to request an automatic 90-day extension of time to file and also a second (not automatic) 90-day extension. › If requested in writing, the form must be provided to plan participants. › The IRS will assess a penalty of \$20 per day for late or incomplete returns (up to a total of \$10,000), unless failure is due to reasonable cause. For organizations with more that \$1 million in receipts, the penalty is \$100 per day, up to a maximum of \$50,000.
Form 1099-MISC (Report of Miscellaneous Income)	Annual Reporting	Retirement Plans and Group Health Plans	<p>Used to report to the IRS aggregate payments of \$600 or more for rent, medical payments or other services provided to the plan. The total amount of compensation paid should be reported in Box 7 (Non-employee Compensation) of the form.</p> <ul style="list-style-type: none"> › If filing with the IRS, employers must file copies of Form 1099-MISC as well as Form 1096 (the summary and transmittal form for Form 1099-MISC) with the IRS by February 28, 2009 if being filed by paper, or by March 31, 2008 if being filed electronically › If distributed to the service provider, the payer (i.e., whomever makes the payments reported on this Form) must send to recipients before February 1 of the calendar year following the relevant distribution(s).
Notice Regarding Withholding from Annuity & Pension Plan Payments	Special Reporting & Disclosure	Defined Benefit and Defined Contribution Pension Plans	<p>Provides recipients of annuity and/or pension payments information regarding their right to elect for or against income tax withholding from such periodic payments. If withholding is elected, Form W-4P (Withholding Certificate for Pension or Annuity Payments) will need to be completed by the participant.</p> <ul style="list-style-type: none"> › Optional to provide to plan participants within six months before the first payment is made. › Required to be provided with the first payment and, thereafter, once each calendar year.
Form 990-T (Exempt Organization Business Income Tax Return)	Special Reporting & Disclosure	Retirement Plans and Group Health Plans	<p>IRS Form 990-T must be filed by any non-profit organization (including employee benefit plan trusts) that has unrelated business income of \$1,000 or more. This form is in addition to the requirement to file other returns such as Form 990-EZ, Form 990, or Form 990-PF. The filing requirement for Form 990-T also applies to non-profit organizations that may not be required to file the IRS Form 990 (e.g., a church or school).</p> <ul style="list-style-type: none"> › For qualified plans and IRAs, forms must be filed by the 15th day of the fourth month after the close of the taxable year. › For all other organizations, forms must be filed by the 15th day of the fifth month after the close of the trusts' tax year. › Automatic three-month extension may be obtained by filing a Form 8868. No signature necessary for automatic three-month extension. › If more time is needed, trusts may file an additional signed Form 8868 to request an additional, but not automatic, three-month extension. › Interest and penalties apply to late payments.

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Reporting & Withholding on Pensions, etc. (Forms 945, 945-A, and 1099-R)	Special Reporting & Disclosure	Defined Benefit and Defined Contribution Pension Plans	<p>Form 1099-R is used to report to the IRS distributions (including direct rollover payments) from pension, annuity, and profit sharing plans. A copy must also be distributed to the recipient(s) of those payments. Form 945 is used to report to the IRS income tax withheld on distributions reported on Form 1099-R. Form 945-A is used by large depositors to summarize to the IRS non-payroll income tax withholding liabilities on a daily basis.</p> <ul style="list-style-type: none"> › Forms 945 and 945-A must be filed with the IRS no later than January 31st of each year. › Form 1099-R (with accompanying Form 1096) must be filed with the IRS by February 28th of each year. › Must provide Form 1099-R to each payee before February 1st and to the IRS. Payer should use Form 1096 in filing with the IRS › All forms by the next business day if the due date falls on a Saturday, Sunday or any Federal holiday. <p>NOTE: There is a special exception for distributions to non-resident aliens whose entire service in a given year is performed in a foreign country.</p>
Notification of Age 70½ Distribution Requirements	Special Reporting & Disclosure	Defined Benefit and Defined Contribution Pension Plans	<p>Required minimum distributions (RMDs) must begin no later than April 1st of the calendar year following the year in which a participant attains age 70½ or, if later, April 1st following the calendar year in which they retire. Failure to begin RMD payments by the required beginning date may subject the participant to a substantial federal tax penalty.</p> <p>Written notice of such distribution requirements must be provided to:</p> <ul style="list-style-type: none"> › terminated vested participants and active participants (if the plan requires) that reached age 70½ during 2009; › participants older than age 70½ that retired during 2009; and › plan participants in time to process applications and start distributions by April 1st. <p>NOTE: RMDs are not subject to the 20% withholding rule.</p> <p>SPECIAL NOTE: Under the provisions of the Worker, Retiree and Employer Recovery Act of 2008, RMDs for 2009 from defined contribution plans do not have to be taken. Note that if a participant reached age 70½ in 2008 and delayed taking the first RMD to 2009, this payment, which is for 2008, must be taken by April 1, 2009.</p>
Notice of Intent to Use Safe Harbor Formula (or 401(k) Safe Harbor Plan Notice)	Special Reporting & Disclosure	§401(K) Plans	<p>Written notice to participants describing their rights and obligations under the plan including a description of the levels of any matching contributions, the amount of any qualified non-elective (profit sharing) contribution, the type and amount of compensation that may be deferred, when and how deferral elections are to be made, etc..</p> <ul style="list-style-type: none"> › At least 30 days and no more than 90 days before the beginning of each plan year › In the case of a participant that becomes eligible after the 90th day before the beginning of the plan year, no more than 90 days before the participant becomes eligible and no later than the date that the participant becomes eligible › Any notices provided outside of the 90/30 day window may satisfy the notice requirements if given within a reasonable period before the beginning of the plan year (or the date the participant becomes eligible) based on all the facts and circumstances surrounding each individual instance.
Actuarial Certification	Special Reporting & Disclosure	Defined Benefit Plans	<p>The plan actuary must annually certify to the Secretary of the Treasury and to the plan's sponsor whether or not the plan is endangered or critical status for the relevant plan year. This certification must be made by the 90th day of each plan year. The actuary must base its determination of status on the most recently filed Form 5500 or the actuarial valuation for the plan year just ended.</p>

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
<p>Notice of Significant Reduction in Rate of Future Benefit Accrual (204(h) notice)</p>	<p>Special Reporting & Disclosure</p>	<p>Defined Benefit Plans and Individual Account Plans</p>	<p>Written notice to participants, alternate payees and employee organizations representing participants of a plan amendment that significantly reduces or freezes future benefit accruals (including reductions in early retirement benefits or any retirement-type subsidy).</p> <p>The notice must be written to be easily understood by the average plan participant and provide sufficient information for participants to understand the effect of the amendment.</p> <ul style="list-style-type: none"> › At least 45 days before the effective date of the plan amendment marking a decrease in the rate of future benefit accruals › In the case of an amendment that is adopted in connection with a business merger or acquisition involving a plan-to-plan transfer or merger and such amendment affects only an early retirement benefit or retirement-type subsidy (but does not reduce the accrual rate of benefits in the future), no later than 30 days after the effective date of the plan amendment › When a plan amendment offers a choice between a new benefit formula and an old benefit formula, the general timing rules apply, except that each relevant plan participant must be provided with additional information sufficient to enable them to make an informed choice within a period that is within close proximity to the date by which an individual is required to make his or her choice regarding the formula elected <p>The 45-day advance notice period is reduced to 15 days in the case of 204(h) amendments to small plans (i.e., those with less than 100 participants) and amendments resulting from business merger and acquisition transactions involving a plan to plan transfer or merger. Only applicable to plans subject to minimum funding standards.</p>
<p>IRC Sec. 402(f) Explanation of Eligible Rollover Distributions</p>	<p>Special Reporting & Disclosure</p>	<p>Defined Benefit and Defined Contribution Pension Plans</p>	<p>Notice must explain the following rules:</p> <ul style="list-style-type: none"> › Under which the recipient of a distribution may elect that the distribution be paid in the form of a direct rollover to an eligible retirement plan (i.e., another qualified plan or an IRA) › That require the withholding of tax on the distribution if it is not paid in a direct rollover to an eligible retirement plan › Under which the recipient may defer tax on the distribution if it is contributed in a rollover to an eligible retirement plan within 60 days of the distribution › If applicable, certain special rules regarding the taxation of the distribution. <p>Timing of the notice:</p> <ul style="list-style-type: none"> › No less than 30 days and no more than 180 days before such distribution is made. Participant may waive the 30-day period provided that the sponsor/plan administrator clearly indicates that the participant has a right to consider the decision of whether or not to elect a direct rollover for at least 30 days after the notice is provided. Notices distributed on or after February 26, 2005 must include a notice related to automatic rollovers. › Alternatively, the sponsor/plan administrator may distribute such a notice more than 180 days prior to any distribution (e.g., in an SPD) and provide the relevant participant with a summary notice during the 180/30-day period (subject to the rules for the participant's waiver of the 30-day period). A summary notice must: <ul style="list-style-type: none"> · set forth the principal provisions of the section 402(f) notice; · refer the participant to the most recent version of the section 402(f) notice (and, in the case of a notice provided in any document containing information in addition to the notice, must identify that document and provide a reasonable indication of where such notice may be found in that document, such as by index reference or by section heading); and · advise the participant that, upon request, a copy of the section 402(f) notice will be provided by the sponsor/plan administrator without charge to him or her.
<p>Notice of Application for Recognition of Exempt Status</p>	<p>Special Reporting & Disclosure</p>	<p>Group Health Plans</p>	<p>An application for recognition of exemption as a Voluntary Employee Beneficiary Association (VEBA) must be filed with the IRS on Form 1024. The material submitted with the application must show that the applying association:</p> <ul style="list-style-type: none"> › Is in fact a VEBA; › Will provide for the payment of specified benefits (e.g., medical, prescription drug, life, accident, or other benefits) for plan participants and/or their dependents or designated beneficiaries and that substantially all of its operations are for this purpose; and › The association will not allow any of its earnings to be used for any purpose other than the payment of scheduled benefit payments. <p>An association will NOT be considered tax exempt unless it gives notice to the IRS that it is applying for recognition of exempt status. Notice must be given within 15 months from the end of the month in which the organization or trust is organized.</p>

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Notice of Minimum Funding Standard Waiver Application	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>If an employer is unable to satisfy the minimum funding standard for a plan year without substantial business hardship and if application of the funding standard would be adverse to the interest of plan participants in the aggregate, the IRS may waive any or all of the requirements under this standard. When such a situation occurs, the employer must notify affected parties. Affected parties include participants, beneficiaries, alternate payees under QDROs, and any employee organizations representing employees covered by the plan.</p> <ul style="list-style-type: none"> › Within 14 days before date application for waiver is filed with the IRS. › Must include a description of the present value of vested benefits, the present value of benefits calculated as though the plan terminated, the fair market value of plan assets, and the interest rate used to calculate such values. › User fees do apply to the application for such a waiver (but not to the notice to affected parties).
Form 5308 Request for Change in Plan/Trust Year	Special Reporting & Disclosure	Retirement Plans	<p>Form 5308 is used by plan sponsors of defined benefit plans and money purchase pension plans (including target benefit plans) that want to change their plan year but do not meet all of the automatic approval requirements. It should also be submitted by sponsors of defined benefit plans and defined contribution plans that want to change the plan's trust year and that do not meet all of the automatic approval requirements. Plans that meet the automatic approval requirements (as issued by the IRS) do not need to complete this Form. A user fee is required with the submission of this Form.</p> <ul style="list-style-type: none"> › File Form 5308 on or before the last day of the short-year period to affect such a change in the plan or trust year. › No plan year may be more than 12 months in length.
Form 5300 (Application for Determination of Employee Benefit Plan)	Special Reporting & Disclosure	Retirement Plans	<p>IRS Form 5300 is used to request a determination letter from the IRS for the initial qualification (under the IRC) of a defined contribution or defined benefit plan and the exempt status of any related trust. This Form may also be filed to request a determination letter on the qualified status of a plan at any time such a letter is desired subsequent to its initial qualification even if the plan has not been amended.</p> <ul style="list-style-type: none"> › In 2005, the IRS established a new employee benefit plan determination program. Under the new determination letter program, every individually designed employee benefit plan will have a five-year remedial amendment period. The IRS's goal is to create fixed, regular cycles for the adoption of remedial plan amendments under section 401(b) of the IRC and the submission of determination letter applications. › The filing period for multiemployer plans is from February 1, 2009 through January 31, 2010.
Notice to Interested Parties of Determination Letter Request	Special Reporting & Disclosure	Retirement Plans	<p>Advises interested parties that plan sponsor intends to file application with IRS for determination of qualified status of a pension plan and provides them with relevant information related to this plan. It also provides participants with details regarding their rights to comment on the plan.</p> <ul style="list-style-type: none"> › Must post or distribute notice to all interested parties before submitting application for determination with the IRS. › Must provide notice not less than 10 days and not more than 24 days prior to the date that the application for a determination is submitted to the IRS for consideration.
Form 5307 (Application for Determination for Adopters of Master or Prototype or Volume Submitter Plans)	Special Reporting & Disclosure	Retirement Plans	<p>IRS Form 5307 should be used by adopters of master, prototype program or volume submitter plans in order to request a determination letter from the IRS for the qualification of a defined benefit or defined contribution plan and the exempt status of any related trust.</p> <ul style="list-style-type: none"> › Following the approval of a master, prototype, or volume submitter plan, the IRS will announce the deadline by when plan sponsors may timely adopt these plans. A uniform date will apply to adopting employers. › Plan sponsors have a two-year window in which to adopt the updated plans.
Form 5330 (Return of Excise Taxes Related to Benefit Plans)	Special Reporting & Disclosure	Retirement Plans	<p>Form 5330 must be submitted to the IRS by employee benefit plans that owe excise taxes due to the following circumstances (note: this list is not all-inclusive):</p> <ul style="list-style-type: none"> › For failure to timely distribute excess contributions or excess aggregate contributions within two-and-a-half months after the end of the plan year. › For failure to timely forward deferred participant contributions to defined contribution plans (these should be forwarded as soon as they can be reasonably segregated from the employer's general assets, but in no case not more than 15 business days following the month in which they were withheld - whichever is less). › For excise tax on asset reversions. › For failure to timely provide a 204(h) notice.

Joint DOL/IRS Requirements

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Form 5500 (Annual Return/Report of Employee Benefit Plan)	Annual Reporting	Retirement Plans and Group Health Plans	<p>The Form 5500 is the annual return/report of employee benefit plan.</p> <ul style="list-style-type: none"> › Generally, by the last day of the seventh month after the end of the plan year. › If the plan year and tax year coincide for a single employer or a controlled group filing a consolidated return and the due date is later than the last day of the seventh month after the end of the plan year, the due date for filing the federal corporate income tax return will also be the filing deadline for the Form 5500. › For a short plan year, by the last day of the seventh month after the short year ends. The short year ends on the last day before a change in plan year or the date on which all assets under the plan have been completely distributed (e.g., to participants) or transferred to the control of another qualified plan. › For Direct Filing Entities (DFEs) other than group insurance arrangements, no later than nine-and-a-half months after the end of the DFE year. › A two-and-a-half month extension of time to file will be granted automatically if the form is filed with the IRS before the form's normal due date (not including any extensions). A photocopy of either the corporate tax extension or signed Form 5558 should be attached to the Form 5500. › All forms should be filed by the next business day if the due date falls on a Saturday, Sunday, or any Federal holiday. › The DOL may assess civil penalties up to \$1,100 a day from the date of a plan administrator's failure to file an annual report, though special programs exist to provide some relief from these penalties. <p>In addition to the reporting requirements detailed above, plans submitting Form 5500s for plan years after 2008 will also be required to submit the Form 5500 in an Internet-ready, electronic format. The DOL intends to post Forms that are submitted by plan sponsors to its website. If available, the Form 5500 will also need to be posted to the plan sponsor's intranet site.</p> <p><i>There is a filing exception for welfare arrangements of certain apprenticeship plans and certain dependent care assistance plans.</i></p> <p>For plans in endangered or critical status, a funding improvement plan (FIP) or funding rehabilitation plan (FRP) must be updated annually and included with the Form 5500 submission that is sent to the DOL.</p>
Form 5558 (Application for Extension of Time)	Annual Reporting	Retirement Plans and Group Health Plans	<p>Form 5558 is required to apply for a one-time extension of time to file the Form 5500, Form 5500-EZ, or Form 5330. Please note that Form 5558 does not provide (and cannot be used to obtain) an extension of time to file any other forms/documents (e.g., PGBC Form 1, federal income tax return, etc.).</p> <p><i>There is a filing exception for welfare arrangements of certain apprenticeship plans and certain dependent care assistance plans.</i></p>
Summary Plan Information for Employers and Unions	Annual Reporting	Defined Benefit Plans	<p>Within 30 days of the filing deadline for the Form 5500 (including any extension of time granted by the IRS), plan administrators of multiemployer pension plans must provide employers and employee representatives with the following summary plan information:</p> <ul style="list-style-type: none"> › Contribution schedules and benefit formulas – Description of plan contribution schedules and benefit formulas, as well as any change that is made to them during the plan year. › New Form 5500 items – Nearly all of the new items that will be required on the Form 5500 (see the list above) are also required to be provided to employers and employee representatives. › Funding improvement plan (FIP)/Funding Rehabilitation Plan (FRP) and actuarial/financial information - Statement of how employers and employee representatives may obtain a copy of the FIP or the Rehabilitation Plan and the actuarial/financial data that demonstrate any actions taken to improve the plan's financial/funding position. › Right to receive certain documents – Notice of right to receive a copy of the Form 5500, summary plan description (SPD), and summary of material modifications (SMM) upon request, including the details of any payments to cover the costs of providing these documents. › Reductions in future benefits – Advance notice of reductions in future benefits in accordance with ERISA Sec. 204(h), when sent to the plan's participants. <p>The Internal Revenue Service (IRS) is slated to issue a model notice. When it has been released, it should be made available on the IRS website (www.irs.gov).</p>

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Section 417(a)(3) Explanation of Qualified Joint & Survivor Annuities (QJSA)	Special Reporting & Disclosure	Retirement Plans	<p>The plan sponsor must provide each participant with a written explanation of a QJSA, which specifies the following:</p> <ul style="list-style-type: none"> › the terms and conditions of the QJSA; › the participant’s right to make, and the effect of, an election to waive the QJSA distribution option; › the rights of the participant’s spouse (spousal consent is required to make such an election); › the right of the participant to make, and the effect of, revoking an election; and › the relative value of other distribution options. <p>Timing of the notice:</p> <ul style="list-style-type: none"> › No less than 30 days and no more than 180 days before the annuity starting date, unless right to 30-day notice period is waived. › If the 30-day notice period is waived, no less than seven days prior to the distribution date if conditions set forth in IRS Reg. 1.417(e)-1 are satisfied. › Tantamount, sponsor/administrator must provide to relevant plan participants before the annuity starting date, except in the case of a defined benefit plan, which may provide for a retroactive annuity starting date in accordance with IRS Reg. 1.417(e)-1. › The plan need not provide this notice if a plan fully subsidizes a qualified joint and survivor annuity and does not allow a participant to waive it or to select a non-spouse beneficiary. <p><i>Applicable to plans subject to minimum funding standards and which offer QJSA as a distribution option.</i></p>
Section 417(a)(3) Explanation of Qualified Pre-retirement Survivor Benefits (QPSA)	Special Reporting & Disclosure	Retirement Plans	<p>The plan sponsor must provide each participant with a written explanation of a QPSA, which specifies the following:</p> <ul style="list-style-type: none"> › the terms and conditions of the QPSA (e.g., the circumstances under which it will be paid if elected); › the participant’s right to make, and the financial effect (i.e., an estimate of the reduction to the participant’s estimated normal retirement benefit that would result from an election of the QPSA) of, an election to waive the QPSA; › the rights of the participant’s spouse (spousal consent is required to make such an election); and › the right of the participant to make, and the effect of, revoking an election <p>Timing of the notice:</p> <ul style="list-style-type: none"> › During the period from the beginning of the plan year in which participants attain age 32 to the end of the plan year in which participants reach age 34. › Special rules apply for participants that commence participation after age 34 or who separate from service prior to age 35. <p>The plan does not need to provide this notice if it fully subsidizes a qualified pre-retirement survivor annuity and does not allow a participant to waive it or to select a non-spouse beneficiary.</p>
Notice of Continuation of Coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA)	Special Reporting & Disclosure	Group Health Plans	<p>Upon initial enrollment in the group health plan, a written notice is sent to participants and all beneficiaries (generally only to spouses, as the notice may be provided to the custodial parent of a child who is a beneficiary entitled to benefits under a group health plan) stating their right to continued self-paid coverage, and notice to qualified beneficiaries after a qualifying event. Also, when applicable, a notice to COBRA participants of a change in premium.</p> <ul style="list-style-type: none"> › General or initial notice provided within 90 days after the commencement of coverage under a group health plan. › An SPD containing an initial COBRA notice can be used to satisfy this requirement, if it is provided to plan participants within this 90-day period. The SPD meets the requirement to be provided to beneficiaries (such as spouses) only if it is mailed to the home of the participant and spouse. › Election Notice or Notice of Qualifying Event provided 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 the plan. If the employer and administrator are the same, the employer has up to 44 days after the qualifying event or loss of coverage to provide the notice. › A premium change notice at least one month prior to its effective date.
Notice of Unavailability of Continuation Coverage Under the Consolidated Omnibus Budget Reconciliation Act (COBRA)	Special Reporting & Disclosure	Group Health Plans	<p>Written notice to qualified beneficiaries stating the reasons why they are not entitled to coverage under COBRA. Within the same required time frame that the sponsor/plan administrator would have had to provide an election notice had the plan participant been eligible for coverage under COBRA (generally, 14 days after the notice of a qualifying event has been received; 44 days after the notice of a qualifying event if the employer is also the plan administrator).</p>

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Notice of Qualifying Event under COBRA	Special Reporting & Disclosure	Group Health Plans	<p>The employer must notify the plan administrator of any qualifying event that triggers COBRA rights including: an employee's death, termination of employment, reduction of hours worked, Medicare entitlement of the employee, or the employer filing bankruptcy. Such notice must provide the plan administrator with sufficient information to enable them to determine the identity of the plan, the covered employee, the nature of the qualifying event, and the date of the event. The administrator must then notify the qualified beneficiary of their rights under COBRA for continued coverage.</p> <ul style="list-style-type: none"> › Employers must notify the plan administrator within 30 days of any qualifying event. (The exact time period varies depending upon the type of qualifying event that has occurred; however, the 30 days cited above is a general rule that is applicable for many, but not all, qualifying events.) › The plan administrator must generally notify the qualified beneficiary within 14 days after receipt of the notification (of the qualifying event) from the employer or qualified beneficiary. › If the employer is the plan administrator, the employer/administrator must provide a notice to the qualified beneficiary no later than 44 days after the date on which the qualifying event occurred or, if a plan provides that COBRA coverage commences on the date of loss of coverage, no later than 44 days after the date on which there is a loss of coverage due to a disqualifying event.
Notice of Insufficient Payment of COBRA Premium	Special Reporting & Disclosure	Group Health Plans	<p>Written notice to qualified beneficiaries that payment for COBRA continuation was less than the correct amount.</p> <ul style="list-style-type: none"> › Must be provided to qualified beneficiaries in such a manner that provides a reasonable period of time to cure the deficiency before termination of coverage under COBRA. › In general, a 30-day grace period is considered reasonable.
Notice of Termination of Continuation Coverage	Special Reporting & Disclosure	Group Health Plans	<p>Written notice that must be furnished to qualified beneficiaries that their COBRA coverage is terminating prior to the end of their maximum coverage period. This notice must provide the reasons for the early termination, the date of the termination of coverage, and any rights that the qualified beneficiary may have under the plan or applicable law to elect either an alternative group coverage or individual coverage.</p> <ul style="list-style-type: none"> › As soon as is practicable following the sponsor/plan administrator's determination that continuation coverage shall terminate prematurely. › This notice may be combined with a HIPAA certificate of creditable coverage.
HIPAA Certificate of Creditable Coverage	Special Reporting & Disclosure	Group Health Plans	<p>Written notice that must be provided to former participants and covered dependents certifying the period of creditable coverage under the plan (or COBRA continuation coverage) or a written statement certifying 18 months of coverage.</p> <ul style="list-style-type: none"> › Provided to former participants and covered dependents upon their loss of health coverage and no later than the deadline for giving the COBRA qualifying event notice (i.e., election notice). The fact that a former participant or beneficiary has elected COBRA coverage does not negate the requirement to provide the HIPAA Certificate of Creditable Coverage. › Provided to an individual that ceases COBRA within a reasonable period of time after the sponsor/plan administrator learns that COBRA has ceased. › Upon request, the certificate must be provided in a reasonable and prompt fashion if the request is made while the individual is covered or within 24 months after the coverage ends.
Notice of Special Enrollment Rights	Special Reporting & Disclosure	Group Health Plans	<p>Notice to participants of HIPAA's special enrollment rights that allow participants to enroll in a group health plan as a result of certain events, and to avoid a longer pre-existing condition exclusion period than regular enrollees face when enrolling as a result of an event triggering special enrollment rights.</p> <ul style="list-style-type: none"> › Right to enroll during a special enrollment period arises as a result of the loss of other health coverage or upon marriage, birth, adoption, or placement of adoption. › A special enrollment period is a period of at least 30 days after loss of other coverage, marriage, birth of a child to the employee, adoption of a child by an employee, or placement for adoption of a child with the employee or employee's spouse, when an employee would not otherwise be entitled to enroll or change enrollment options in a group health plan. › Notice must be provided on or before the date on which participants are offered the opportunity to enroll in a group health plan. › The DOL has issued model language as a reference.
General Notice of Preexisting Condition Exclusion	Special Reporting & Disclosure	Group Health Plans	<p>Written notice advising participants if a medical plan has a preexisting condition exclusion, the terms of the exclusion and the rights the participants have to demonstrate creditable coverage (including the right to request a certificate of creditable coverage from a prior health plan or insurer).</p> <ul style="list-style-type: none"> › Provided to plan participants and covered dependents if the plan contains preexisting condition exclusion. › If applicable, provided within a reasonable period of time following the receipt of a certificate of creditable coverage. <p><i>Applicable to plans that contain a preexisting condition exclusion</i></p>

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Individual Notice of Period of Preexisting Condition Exclusion	Special Reporting & Disclosure	Group Health Plans	<p>Written notice to an individual of determination of the period of creditable coverage, including the basis of determination, an explanation of the participant's opportunity to present additional evidence of creditable coverage, and the individual's remaining preexisting condition exclusion period.</p> <ul style="list-style-type: none"> > Furnished to plan participants and covered dependents upon whom a preexisting condition exclusion is imposed. > Must be provided within a reasonable period of time following the receipt of a certificate of creditable coverage. <p><i>Applicable to plans that contain a preexisting condition exclusion</i></p>
Notice of Coverage Relating to Hospital Length of Stay in Connection with Childbirth	Special Reporting & Disclosure	Group Health Plans	<p>Under the Newborns' and Mothers' Health Protection Act, the plan's SPD must include a statement that describes any requirements under federal or state law that are applicable to the plan (and any health insurance coverage offered under the plan) relating to any hospital length of stay in connection with childbirth for a mother or newborn child. If federal law applies in some areas in which the plan operates and state law applies in other areas, the SPD should describe the different areas where each applies and the federal or state requirements applicable in each area.</p> <ul style="list-style-type: none"> > Within the SPD time frame, or > Within the SMM time frame. <p><i>Applicable to plans that provide maternity or newborn infant coverage</i></p>
Notice of Receipt of Domestic Relations Order	Special Reporting & Disclosure	Retirement Plans	<p>Upon receipt of a domestic relations order, the plan administrator is required to promptly notify the affected participant and each alternate payee named in the order of the receipt of the order and to provide a copy of the plan's procedures for determining whether a domestic relations order is a QDRO. Notice must also be provided once the qualified status of the order has been determined. Notice of the determination of the qualified status of the order must be provided within a reasonable time after the order is received and the sponsor/plan administrator has determined its status.</p>
Individual Deferred Vested Pension Statement (ERISA section 105(c) and Internal Revenue Code section 6057(e) disclosure requirements)	Special Reporting & Disclosure	Defined Benefit and Defined Contribution Plans	<p>Plan administrator must, upon a participant's termination or break in service, provide a statement describing the deferred vested retirement benefit to which the participant is entitled and any forfeiture amounts. The statement should be sent no later than the due date for filing Form SSA, and the description provided to the participant must include the information filed with respect to the participant on the Form SSA.</p>
Individual Pension Benefit Statement (Defined Benefit Plans)	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>A defined benefit plan benefit statement is required to indicate, on the basis of the latest available information, (1) the total benefits accrued, and (2) the vested accrued benefit or the earliest date on which the accrued benefit will become vested. In the case of a statement provided to a participant (other than at the participant's request), information may be based on reasonable estimates determined under regulations prescribed by the Secretary of Labor.</p> <p>The administrator of a defined benefit plan is generally required to either (1) furnish a benefit statement at least once every three years to each participant who has a vested accrued benefit and who is employed by the employer at the time the benefit statements are furnished to participants beginning with the 2009 plan year or (2) (alternative notice option effective December 31, 2007) to furnish at least annually to each such participant notice of the availability of a benefit statement and the manner in which the participant may obtain it. The notice may be included with other communications to the participant if done in a manner reasonably designed to attract the attention of the participant.</p>
Individual Pension Benefit Statement (Defined Contribution Plans)	Special Reporting & Disclosure	Defined Contribution Pension Plans	<p>The benefit statement is required to indicate, on the basis of the latest available information, (1) the total benefits accrued and (2) the vested accrued benefit or the earliest date on which the accrued benefit will become vested. In addition, the statement must include the value of the investments allocated to the individual's account (determined as of the plan's most recent valuation date), including the value of any employer securities (without regard to whether the securities were contributed by the employer or acquired at the direction of the individual), and an explanation of any limitations or restrictions on the right of the individual to direct investments.</p> <p>The administrator of a defined contribution plan is generally required to provide a benefit statement to (1) an applicable individual who has the right to direct the investment of the assets in his/her account, at least quarterly, (2) to other applicable individuals, at least annually, and (3) to a beneficiary who is not an applicable individual, upon written request, but limited to one request during any 12-month period. An applicable pension plan is defined as a qualified retirement plan or annuity, a tax-sheltered annuity plan, or an eligible deferred compensation plan of a governmental employer that maintains accounts for participants and beneficiaries (other than a one-participant retirement plan).</p> <ul style="list-style-type: none"> > Must be provided within 45 days following the end of the respective period to which it relates (i.e., quarter or year). > For plans with participant-directed investments, the statement must be provided for the plan year quarter on or after March 31, 2009. For example, plans that have a plan year beginning July 1, 2009 would not be responsible for providing this statement until 45 days following September 30, 2009, whereas, a calendar-year plan must provide the statement within 45 days of March 31, 2009.

Pension Benefit Guaranty Corporation

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
PBGC Premium Payment	Annual Reporting	Defined Benefit Pension Plans	<p>The Comprehensive Premium Filing is used to provide general plan information to the PBGC, as well as participant count information and the amount of premium payments due. Each plan is required to prepare and submit its own individual filing. The flat-rate premium for 2009 is \$9.00 per participant.</p> <ul style="list-style-type: none"> › New plans or plans filing for the first time must pay the flat rate premium on the Comprehensive Premium Filing by the later of: (1) the last day of the 16th full calendar month that begins on or after the first day of the premium payment year (in the case of a newly-covered plan) or that began on or after the effective date (in the case of a new plan) or (2) 90 days after the plan adoption date. › Small plans (prior year participants count fewer than 100) must file by the last day of the 16th full calendar month following the end of the plan year preceding the premium payment year. › Mid-size plans (prior year participant count 100 to 499) must file by the 15th day of the 10th full calendar month in the plan year. › Large plans (prior year participant count 500 or more) must file by the last day of the 2nd full calendar month in the plan year. An estimate may be paid by that deadline with a reconciliation filing due by the same deadline as for mid-size plans. › For those plans changing plan years, for the first plan year under the new plan year cycle, the due dates for the Comprehensive Premium Filing may be extended to 30 days following the date on which a plan amendment changing the plan year was adopted, if later. › All Forms should be filed by the next business day if the due date falls on a Saturday, Sunday, or any Federal holiday. › All plans are required to e-file via the PBGC's online system (My Plan Administration Account – My PAA). Further information on this is available on the PBGC website (http://www.pbgc.gov/practitioners/premium-filings/content/page13265.html#GenrallInfo).
Notice & Certification to PBGC of Mass Withdrawal	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>Provides notice to the PBGC of the occurrence of a mass withdrawal from a plan and separate certifications that calculations of redetermination and reallocation liability have been made and that proper notices have been given to participating employers.</p> <ul style="list-style-type: none"> › Notice of mass withdrawal at least 30 days after the mass withdrawal valuation date. › Certifications of liability determinations are required no later than 30 days after the date on which the plan sponsor is required to have provided participating employers with notices of mass withdrawal, redetermination liability, and reallocation liability.
Notice to Withdrawing Employers of Mass Withdrawal	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>Plans subject to the plan termination insurance provisions of ERISA must provide each employer that it reasonably expects to incur liability as the result of a mass withdrawal from the plan. This written notice must provide such employers with the mass withdrawal valuation date, the consequences of the mass withdrawal, and each employer's continuing obligation to make initial withdrawal liability payments according to its payment schedule. The notice must be provided within 30 days after the mass withdrawal valuation date.</p>
Notice of Plan Merger or Transfer of Assets or Liabilities	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>When a plan merges or transfer assets/liabilities to another plan, a notice must be provided to the PBGC. Such notice must include:</p> <ul style="list-style-type: none"> › The name of each plan involved in the merger or transfer; › Contact information for the plan sponsor(s) and the plan sponsor's duly authorized representative (if any); › The plan sponsor's employer identification number and the plan's plan number – if none, the notice should so indicate; › The nature of the transaction (i.e., is the transaction a merger or transfer, does the transaction involve a plan that has terminated under Sec. 4041A(a)(2) of ERISA, is a significantly affected plan involved, and whether it is a de minimis transaction as defined in Sec. 4231.7); › The proposed effective date of the transaction; › A copy of each plan provision stating that no participant's or beneficiary's benefits will be adversely affected by the transaction; › A certified statement from an actuary related to each plan that exists after the transaction; › (Generally) A copy of the most recent actuarial valuation report for each plan that exists prior to the transaction; and › For each significantly affected plan that exists after the transaction, funding, contribution, and expected benefit payment expenditures. <p>The notice must be provided no less than 120 days before the effective date of the merger or transfer of assets or liabilities to/from the plan. PBGC may waive the advance notice requirements under certain circumstances.</p>

Form/Notice	Type of Reporting	Plan Type	Type of Information, Requirements & Deadline
Notice of Plan Termination to the PBGC	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>When the plan sponsor elects to terminate a pension plan it must provide the PBGC notification of such termination in writing. Such notification will provide the PBGC with information related to the termination, specifically the most recent Form 5500, general plan information, and plan financial information. The PBGC will review this submission to determine whether the plan should or should not be terminated.</p> <ul style="list-style-type: none"> › For a termination that is pursuant to a plan amendment, within 30 days after the later of the effective date or the date of adoption. › For a termination that results from the withdrawal of all employers, within 30 days after the last employer withdraws, or, if later, 30 days after the first day of the first plan year for which no employer contributions are required under the plan.
Notice of Transfer of Assets & Liabilities on Change of Bargaining Representative	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>In any case in which an employer has completely or partially withdrawn from a multiemployer plan (the “old plan”) as a result of a certified change of collective bargaining representative occurring after 9/25/1980, if participants of the old plan who are employed by the employer will, as a result of that change, participate in another multiemployer plan (the “new plan”), the employer must notify the plan sponsor of the old plan of this change.</p> <ul style="list-style-type: none"> › Initiating employer(s) must notify the old plan’s sponsor within 30 days of having knowledge that there will be a change of bargaining representative for the plan. › Within a reasonable time after receipt of the notice of transfer from the transferring employer(s), the sponsor of the old plan must notify the employer of: <ul style="list-style-type: none"> · The amount of the employer’s withdrawal liability; · The old plan’s intent to transfer to the new plan the non-forfeitable benefits of the employees who are no longer working in covered service under the old plan as a result of the change of bargaining representative; and · The amount of assets and liabilities which are to be transferred to the new plan. › New plan can object to such a transfer and appeal to the PBGC within 60 days after receiving such a notice of transfer.
Notice of Potentially Significant Withdrawals	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>The PBGC may, at its discretion (through regulation) require that plan sponsors notify it when the withdrawal from the plan by any employer has resulted or will result in a significant reduction in the amount of aggregate contributions under the plan made by employers. The PBGC has not issued regulations related to this potential requirement.</p>
Notice of Benefit Reductions (to PBGC and Participants)	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>When a multiemployer plan terminates by means of mass withdrawal and has adopted an amendment that reduces benefits, the sponsor of the plan must provide notice that a plan amendment which reduces benefits has been adopted, the date of such adoption, the effective date of the amendment, and a summary of the amendment (including the effects of the amendment on benefits). Such notice must be provided to the PBGC, plan participants and beneficiaries, no later than the earlier of 45 days after the amendment that reduces benefits is adopted or the date of the first reduced benefit payment.</p>
Notice of Certain Plan Amendments or Rule Changes	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>Notice must be provided to the PBGC and each contributing employer and employee organization when an amendment or rule change affects withdrawal liability under ERISA. This notice must include a copy of the amendment, the most recent actuarial valuation, and certification of notice to contributing employers and employee organizations. Such an amendment can only be effective if the PBGC approves it, or, within 90 days after the PBGC receives notice of such amendment, fails to disapprove it.</p>
Notice of Potential or Current Insolvency	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>The plan administrator of a plan in reorganization must provide notice of potential insolvency currently or within the next 3-year period. In addition, the administrator must provide information related to the plan’s available resources, the possible reduction in benefits to plan participants, and other relevant information.</p> <ul style="list-style-type: none"> › Provide to the PBGC; employers required to contribute to the plan; employee organizations that, for collective bargaining purposes, represent plan participants employed by such employers; and plan participants and beneficiaries no later than 30 days after the determination of insolvency or potential insolvency. › May be delivered to participants and beneficiaries in pay status with the first benefit payment made more than 30 days after the determination has been made that the plan is potentially and/or currently insolvent.
Notice of Reorganization	Special Reporting & Disclosure	Defined Benefit Pension Plans	<p>If a plan is in reorganization status and a minimum contribution requirement applies, the plan sponsor must provide notice that the plan is in reorganization status and that, if contributions to the plan are not increased, accrued benefits under the plan may be reduced or an excise tax may be imposed (or both). Such notice must be provided to every employer that has an obligation to contribute under the plan and to each employee organization that represents plan participants.</p>

Contact Information

Our locations across the U.S. provide clients with ready access to our most suitable and senior expertise. To learn more contact either:

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