

NFP® 2023 June 1 Plan Year Compliance Calendar

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
<ul style="list-style-type: none"> • Form W-2 Cost of Employer-Sponsored Coverage (by 1/31, using Box 12, Code DD) • Prescription Drug Data Collection (RxDC) reporting for 2020 and 2021 to CMS (by 1/31) 	<ul style="list-style-type: none"> • 2022 Forms 1094/95-C and/or 1094/95-B to the IRS (by 2/28, if filing by paper) • Unless 5558 extension applies, SAR to employees (by 2/28) 	<ul style="list-style-type: none"> • 2022 Forms 1095-B/C to employees (by 3/2) • 2022 Forms 1094/95-C and/or 1094/95-B to the IRS (by 3/31, if filing electronically) • 2022 Form M-1 to the DOL (for MEWAs, by 3/1) • If 5558 extension applies, Form 5500 to the DOL (by 3/15) 	<ul style="list-style-type: none"> • HSA corrective actions (by 4/15, for previous calendar year HSA contributions/distributions) 	<ul style="list-style-type: none"> • SBC, CHIP, WHCRA and other Open Enrollment notices to employees (see page 2) • Update SPD • If 5558 extension applies, SAR to employees (by 5/15) • Correct DCAP nondiscrimination test failures • Confirm ACA affordability calculation • Recalculate domestic partner imputed income per new plan year rates/contributions 	<ul style="list-style-type: none"> • Prescription Drug Data Collection (RxDC) reporting for 2022 to CMS (by 6/1) • Cafeteria plan, health FSA, and DCAP nondiscrimination testing • Section 105 nondiscrimination testing (self-insured plans, including FSA and HRA) • Health FSA limit on EE pre-tax contributions
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
<ul style="list-style-type: none"> • PCOR fee to the IRS (self-insured plans, including HRA, by 7/31) • Medicare Part D Disclosure to CMS by (7/31) 		<ul style="list-style-type: none"> • MLR rebates distributed to fully insured employers (by 9/30); distribute to employees, or determine other permissible use (within 90 days of receipt) 	<ul style="list-style-type: none"> • Medicare Part D Disclosure Notice to eligible individuals (by 10/14) 		<ul style="list-style-type: none"> • Impute income for domestic partner and group term life coverage • Gag clause attestation to CMS (by 12/31) • Form 5500, or Form 5558 for a 2.5 month extension, to the DOL (by 12/31)

Note: Generally, if a due date falls on a weekend or holiday, the due date would be extended to the next business day.

Note: Requirements in **bold** do not change based on the plan year. They are fixed monthly requirements regardless of when a plan year starts.

Ongoing Notices and Plan Document Maintenance

Upon Hire/Eligibility	Upon Initial/Mid-Year Enrollment	Annually at Open Enrollment	Upon Coverage Termination	Upon Mid-Year Employer Change to Benefit Plan/Design	Plan Document Maintenance (Upon Plan/Procedure Change)
Children’s Health Insurance Program (CHIP) Notice	COBRA Initial Notice (COBRA Continuation Coverage General Notice to employee and spouse)	Children’s Health Insurance Program (CHIP) Notice	COBRA Election Notice (COBRA Continuation Coverage Election Notice)	Updated Summary of Benefits and Coverage (SBC) (60 days in advance of the change effective date)	Business Associate Agreements and HIPAA Breach Notifications (per new vendor/incident)
EEOC Notice Regarding Wellness Program (when making medical inquiry)	EEOC Notice Regarding Wellness Program (when making medical inquiry)	EEOC Notice Regarding Wellness Program (when making medical inquiry)	FMLA Notice of Nonpayment of Premium	Summary of Material Modification (SMM) and/or Summary of Material Reduction in Covered Services or Benefits (SMR) (if change since prior OE is not yet incorporated into SBC)	CAA Public Disclosure of Pricing Data (machine readable files)
FMLA General Notice (if employer subject to FMLA)	Grandfathered Health Plan Notice (in SPD for grandfathered plans)	HIPAA Notice of Special Enrollment Rights (not required, but okay to provide)	Notice of Unavailability of COBRA Continuation Coverage		ERISA Plan Document
GINA, USERRA and FMLA Workplace Posters (and distribute to remote workers)	HIPAA Notice of Privacy Practices	Notice of Availability of Reasonable Alternative Standard (for health-contingent wellness programs)	Rescission of Coverage Notice		HIPAA Privacy/Security Policies and Procedures
HIPAA Notice of Special Enrollment Rights	Internal Claims Appeals and External Review Procedures Notice (in SPD for non-grandfathered plans)	Summary of Benefits and Coverage (SBC)	Uniformed Services Employment and Reemployment Rights Act (USERRA) Continuation Coverage Notice		No Surprises Act Model Notice
Medicare Part D Creditable/Non-Creditable Disclosure Notice	Newborns’ and Mothers’ Health Protection Act (NMHPA) Notice (in SPD)	Summary of Material Modification (SMM) and/or Summary of Material Reduction in Covered Services or Benefits (SMR) (if change since prior OE is not yet incorporated into SBC)			Section 125 Plan Document
Notice of Availability of Reasonable Alternative Standard (for health-contingent wellness programs)	Notice of Availability of Reasonable Alternative Standard (for health-contingent wellness programs)	Summary Plan Description (SPD) (if amended since prior open enrollment, or minimally every 5 years)			
Notice of Exchange (provide to all new hires within 14 days of hire)	Patient Protection Notice (in SPD for non-grandfathered plans)	Womens’ Health and Cancer Rights Act (WHCRA) Enrollment/Annual Notice			
Summary of Benefits and Coverage (SBC)	Summary of Benefits and Coverage (SBC)				
	Summary of Material Modification (SMM) and/or Summary of Material Reduction in Covered Services or Benefits (SMR)				
	Summary Plan Description (SPD)				
	Women’s Health and Cancer Rights Act (WHCRA) Enrollment/Annual Notice (in SPD)				

Model Notices

All the Model Notices are available on the NFP Benefits Compliance Solutions website at <https://benefits.nfp.com/hr/ModelNotices.aspx> and are also linked below for easy reference.

CAA

- [No Surprises Act Model Notice](#)

COBRA

- [Initial COBRA Notice](#)
- [Initial COBRA Notice \(Spanish\)](#)
- [COBRA Election Notice](#)
- [COBRA Election Notice \(Spanish\)](#)

ERISA

- [ERISA Rights Statement](#)
- [ERISA Summary Annual Report](#)

FMLA

- [FMLA General Notice \(in English\)](#)
- [FMLA General Notice \(in Spanish\)](#)
- [Eligibility & Rights and Responsibilities Notice](#)
- [Designation Notice](#)
- [Certification of Health Care Provider for Employee’s Serious Health Condition \(PDF\)](#)
- [Certification of Health Care Provider for Family Member’s Serious Health Condition \(PDF\)](#)
- [Certification of Qualifying Exigency For Military Family Leave \(PDF\)](#)
- [Certification for Serious Injury or Illness of Covered Servicemember — for Military Family Leave \(PDF\)](#)
- [Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave \(PDF\)](#)

HIPAA

- [Employer CHIP Notice](#)
- [Employer CHIP Notice \(Spanish\)](#)
- [Notice of Privacy Practices Booklet \(in English\)](#)
- [Notice of Privacy Practices Full Page \(in English\)](#)
- [Notice of Privacy Practices Layered \(in English\)](#)
- [Notice of Privacy Practices Text-only \(in English\)](#)
- [Notice of Privacy Practices Booklet \(in Spanish\)](#)
- [Notice of Privacy Practices Full Page \(in Spanish\)](#)
- [Notice of Privacy Practices Layered \(in Spanish\)](#)
- [Notice of Privacy Practices Text-only \(in Spanish\)](#)
- [Notice of Special Enrollment Rights](#)

Medicare

- [Part D Creditable Coverage Notice to Eligible Individuals](#)
- [Part D Non-Creditable Coverage Notice to Eligible Individuals](#)
- [Model Creditable Coverage Disclosure Notice \(in Spanish\)](#)
- [Model Non-Creditable Coverage Disclosure Notice \(in Spanish\)](#)

HSA

- [Notice to Employees Regarding Employer Contributions to HSA](#)

Newborns’ and Mothers’ Health Protection Act

- [Newborns’ and Mothers’ Health Protection Act Model Language](#)

USERRA

- [USERRA: Notice of Your Rights Under USERRA](#)

ACA

- [Grandfathered Plan Model Notice](#)
- [Grandfathered Plan Model Notice \(Spanish\)](#)
- [Exchange Notice: Employers With a Group Health Plan](#)
- [Exchange Notice: Employers With a Group Health Plan \(Spanish\)](#)
- [Exchange Notice: Employers Without a Group Health Plan](#)
- [Exchange Notice: Employers Without a Group Health Plan \(Spanish\)](#)
- [Lifetime Limits Model Notice](#)
- [Lifetime Limits Model Notice \(Spanish\)](#)
- [Notice of Adverse Benefit Determination](#)
- [Notice of Final Internal Adverse Benefit Determination](#)
- [Notice of Final External Adverse Benefit Determination](#)
- [Notice of Final External Adverse Benefit Determination \(Spanish\)](#)
- [Notice of Nondiscrimination Under 1557](#)
- [Patient Protections Model Notice](#)
- [Patient Protections Model Notice \(Spanish\)](#)
- [Summary of Benefits and Coverage \(SBC\)](#)
- [Uniform Glossary of Coverage and Medical Terms](#)

Wellness Programs

- [EEOC Wellness Notice](#)
- [Notice of Availability of Reasonable Alternative Standard](#)

WHCRA

- [WHCRA: Women’s Health and Cancer Rights Act Notice](#)