



# Required Group Health Plan Notices Chart

Notice	Notice Description	Upon Hire/ Eligibility	Upon Initial/ Midyear Enrollment**	Annually at Open Enrollment***	Annually at Other Times (not OE)	Upon Coverage Termination	E-Delivery Permitted
<b>Children’s Health Insurance Program (CHIP) Notice</b>	Provides information to active employees, COBRA participants and retirees on states that provide medical assistance or child health assistance under a state Medicaid or state child health plan program.	Required	Not Required	Required	Not Required	Not Required	Yes
<b>COBRA Election Notice (COBRA Continuation Coverage Election Notice)*</b>	Notifies qualified beneficiaries (i.e., employees, spouse and dependents enrolled on the day before the qualifying event occurred) of their right to continue coverage following a qualifying event. Must be distributed to all qualified beneficiaries, including spouse and dependents; however, generally not distributed to domestic partners as they do not have independent COBRA election rights. Must generally be distributed within 44 days of qualifying event or within 14 days of notification of divorce or child aging out.	Not Required	Not Required	Not Required	Not Required	Required	Not Recommended
<b>COBRA Initial Notice (COBRA Continuation Coverage General Notice)*</b>	Provides general information on COBRA rights, such as a description of continuation coverage under the plan, a description of qualifying event notice requirements and plan procedures. Must be distributed to covered employees and covered spouses; however, generally not distributed to domestic partners as they do not have independent COBRA election rights.	Not Required	Required	Not Required	Not Required	Not Required	Not Recommended
<b>FMLA Notice of Nonpayment of Premium*</b>	Notifies employees on FMLA leave that coverage will be terminated if premium payment is more than 30 days late (in absence of an employer policy providing for a longer grace period). Must be distributed at least 15 days prior to termination of coverage.	Not Required	Not Required	Not Required	Not Required	Required <sup>††</sup>	Not Recommended
<b>Grandfathered Health Plan Notice*</b>	Provides notice to participants that the plan or coverage is believed to be a grandfathered plan and provides contact information for questions or complaints. Include in the SPD for grandfathered plans.	Not Required	Required	Not Required	Not Required	Not Required	Yes
<b>HIPAA Notice of Privacy Practices*</b>	Notifies participants of their privacy rights, plan’s responsibilities, privacy contact, effective date, and the plan’s permitted uses and disclosures of protected health information (PHI), and informs people of their individual rights. Applies to self-insured or fully insured “hands-on” employer. The related HIPAA Notice of Availability of Notice of Privacy Practices must be distributed at least once every three years.	Not Required	Required	Not Required	Not Required	Not Required	Yes
<b>HIPAA Notice of Special Enrollment Rights*</b>	Notifies eligible participants of special enrollment rights, including a description of special enrollment events and enrollment procedures. Must be distributed to all employees who are offered medical coverage. Notice requirement does not generally apply to dental or vision coverage.	Required	Not Required	Not Required <sup>†</sup>	Not Required	Not Required	Yes
<b>Internal Claims Appeals and External Review Procedures Notice*</b>	Provides information related to internal appeals and external review processes. Include in the SPD for non-grandfathered plans.	Not Required	Required	Not Required	Not Required	Not Required	Yes
<b>IRS Form 1095-B</b>	Notifies employees regarding prior calendar year coverage months. Distribute by March 2 (March 1 in leap years).	Not Required	Not Required	Not Required	Required	Not Required	Yes, if EE explicitly consents to receive Form 1095-B electronically.
<b>IRS Form 1095-C</b>	Notifies employees regarding prior calendar year coverage months. Distribute by March 2 (March 1 in leap years).	Not Required	Not Required	Not Required	Required	Not Required	Yes, if EE explicitly consents to receive Form 1095-C electronically.
<b>IRS Form W-2 Cost of Employer-Sponsored Health Coverage</b>	Notifies employees regarding cost of employer-sponsored health coverage during prior calendar year (for informational purposes only). Distribute by January 31.	Not Required	Not Required	Not Required	Required	Not Required	Yes, if EE explicitly consents to receive Form W-2 electronically.
<b>Medicare Part D Creditable/ Non-Creditable Disclosure Notice*</b>	Notifies individuals whether the plan’s prescription drug coverage is creditable or non-creditable. It gives the definition of creditable coverage, an explanation of why creditable coverage is important, an explanation of the individual’s right to notice, and an explanation of benefit plan provisions that affect Medicare Part D eligible individuals. Must be distributed to eligible plan participants and beneficiaries upon new hire/eligibility and annually by October 14 (prior to the October 15 start of Medicare open enrollment). Must also be distributed upon a change in the plan’s creditable coverage status and upon termination of the plan’s prescription drug benefit.	Required	Not Required	Not Required <sup>†</sup>	Required <sup>††</sup>	Not Required	Yes

Notice	Notice Description	Upon Hire/ Eligibility	Upon Initial/ Midyear Enrollment**	Annually at Open Enrollment***	Annually at Other Times (not OE)	Upon Coverage Termination	E-Delivery Permitted
<b>Newborns’ and Mothers’ Health Protection Act (NMHPA) Notice</b>	Provides information on minimum stay requirements for hospital stays due to childbirth. Include in the SPD.	Not Required	Required	Not Required	Not Required	Not Required	Yes
<b>Notice of Exchange*</b>	Provides information related to health insurance exchanges, including information about the consequences of purchasing a qualified health plan through the exchange in lieu of employer-sponsored coverage. Must be distributed to all employees, regardless of eligibility for the employer’s health plan, within 14 days of hire.	Required	Not Required	Not Required†	Not Required	Not Required	Yes
<b>Notice of Unavailability of COBRA Continuation Coverage*</b>	Provides explanation as to why individual is not entitled to continuation coverage (e.g., termination for gross misconduct, plan termination, etc.). If applicable, distribution rules mimic COBRA Election Notice rules.	Not Required	Not Required	Not Required	Not Required	Required	Not Recommended
<b>Patient Protection Notice*</b>	Notifies participants of rights to choose a primary care provider or a pediatrician when a plan or insurer requires designation of a primary care physician; no referral required to obtain OB-GYN care. Include in the SPD for non-grandfathered plans.	Not Required	Required	Not Required	Not Required	Not Required	Yes
<b>Rescission of Coverage Notice</b>	Notifies participants of a retroactive termination of coverage. Must be distributed to participants and qualified beneficiaries at least 30 days prior to notifying the carrier/TPA of retroactive termination.	Not Required	Not Required	Not Required	Not Required	Required††	Not Recommended
<b>Summary Annual Report (SAR)*</b>	Summarizes the Form 5500 financial information in a narrative form. Self-insured plans that are unfunded (i.e., claims are paid from general assets and not via a trust/separate account) are exempt from the SAR requirement regardless of size. Must be distributed to all then-current participants within nine months of the plan year end date.	Not Required	Not Required	Not Required	Required	Not Required	Yes
<b>Summary of Benefits and Coverage (SBC)*</b>	Describes the benefits and coverage under the plan. Must be distributed to participants, including COBRA participants and retirees, and beneficiaries upon eligibility for the health plan, at initial/midyear enrollment, at annual open enrollment, upon employer-initiated mid-plan year change and upon request. Must be distributed 60 days in advance of the effective date of any material change in benefits that affects the SBC content (e.g., increases in cost-sharing, additional coverage limitations).	Required	Required	Required	Required	Not Required	Yes
<b>Summary of Material Modification (SMM) or Summary of Material Reduction in Covered Services or Benefits (SMR), if applicable*</b>	Summarizes “any material modification to the plan and any change in the information required to be in the SPD.” SMM must be distributed to enrolled participants, including COBRA participants and retirees, and beneficiaries within 210 days of the end of the plan year in which the modification is adopted. Summary of Material Reduction in Covered Services or Benefits (SMR) must be distributed to enrolled participants, including COBRA participants and retirees, and beneficiaries within 60 days after the change is adopted. If plan modification relates to information in the most recently distributed SBC, see SBC distribution requirement above. In general, employers should advise participants in advance of plan modifications, even if regulatory requirements permit later notice. If plan modification not integrated into SPD, SMM or SMR must be distributed upon initial/midyear enrollment, annual open enrollment, upon employer-initiated mid-plan year change and upon request.	Not Required†	Required	Required	Required	Not Required	Yes
<b>Summary Plan Description (SPD)*</b>	Advises participants, including COBRA participants and retirees, and beneficiaries of their rights and obligations under the plan. Must be distributed to participants within 90 days of participation in the health plan, between open enrollment periods (if there are midyear plan changes), minimally every 5 years and upon request.	Not Required†	Required	Required	Not Required	Not Required	Yes
<b>Uniformed Services Employment and Reemployment Rights Act (USERRA) Continuation Coverage Notice</b>	Notifies employees on uniformed services leave that coverage can continue under USERRA for up to 24 months (runs concurrently with federal COBRA). Distribution rules mimic COBRA Election Notice rules.	Not Required	Not Required	Not Required	Not Required	Required	Not Recommended
<b>Wellness Programs: EEOC Notice Regarding Wellness Program*</b>	Informs employees of what medical (including dental/vision) information will be collected, how it will be used, who will receive it and how it will be kept confidential. Distribute on an as-needed basis prior to making a medical inquiry, with enough time for the participant to decide whether or not to participate. Does not apply to COBRA participants and retirees.	Required	Required	Required	Not Required	Not Required	Yes
<b>Wellness Programs: Notice of Availability of Reasonable Alternative Standard (for health-contingent wellness programs)*</b>	Notifies employees of a reasonable alternative standard available for obtaining the wellness reward to satisfy the initial standard. Include in all plan materials describing terms of health-contingent wellness programs. Does not apply to COBRA participants and retirees.	Required	Required	Required	Not Required	Not Required	Yes
<b>Women's Health and Cancer Rights Act (WHCRA) Enrollment/Annual Notice</b>	Notifies participants, including COBRA participants and retirees, of certain mastectomy benefits, including reconstructive surgery, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses and the treatment of physical complications. Include in the SPD and also distribute in the annual open enrollment packet.	Not Required†	Required	Required	Not Required	Not Required	Yes

\*Notice must be customized prior to distribution.

\*\*Includes initial enrollment as well as enrollment due to a HIPAA special enrollment right or permitted qualifying life event.

\*\*\*Distribute to all eligible employees regardless of participation in the employer’s group health plan. Unless otherwise indicated in the Notice Description column, also distribute to COBRA participants and retirees.

†Notices that are not required upon hire/eligibility but that are required at open enrollment can be distributed upon hire/eligibility (and vice versa); however, the distribution requirements are not interchangeable and the discretionary distribution of a notice does not satisfy the regulatory requirement.

††See time-sensitive distribution requirement under Notice Description.

## Other Group Plan Notices that May Be Required

- **CAA Posting: No Surprises Act (NSA) Model Notice.** Effective for plan years beginning on or after 1/1/2022, sponsors of group health plans must post a notice “on a public website of the plan or issuer [insurer]” advising plan participants of their rights under the No Surprises Act (NSA) of the Consolidated Appropriations Act, 2021 (CAA), including restrictions on balance billing in certain circumstances. While employers are not required to distribute the NSA notice (Notice of Your Rights and Protections Against Surprise Medical Bills), they should ensure that plan participants are advised of its posting location.
- **CAA Posting: Transparency in Coverage (TiC) Public Disclosure of Pricing Data.** Effective for plan years beginning on or after 1/1/2022, plans must post and update certain plan information every month on their public website. The required posting format is machine readable files (MRFs). Plans without a public website may contract with a TPA to post the MRFs on the TPA’s public website. The MRFs must be provided free of charge and without requiring the establishment of a user account or password to access.
- **Group Term Life Insurance (GTLI)Conversion/Portability Notice.** While notice distribution requirements and responsibilities vary according to carrier-specific contracts, employers that sponsor GTLI plans should ensure that proper procedures are in place to provide applicable conversion and/or portability notices when participants lose some or all of their employer-provided GTLI benefits.
- **HSA Notice Regarding Employer Contributions.** Required in certain circumstances if HSA contributions are made outside of Section 125 plan. This notice is a statement (from employers who make a contribution to employee HSAs and who have participants who have not established an HSA by December 31) that each HSA-eligible employee will receive a comparable employer contribution if, by the last day of the following February, the employee’s HSA is established and the employee notifies the employer of the account. E-delivery is permitted.
- **Notice of Nondiscrimination Under 1557.** Applies to covered entities under Section 1557 and can be included in the SBC. Informs individuals of their civil rights under Section 1557 (i.e., nondiscrimination on the basis of race, color, national origin, age, disability or sex, including sexual orientation and gender identity). E-delivery is permitted.

Note that the group health plan notices referenced in this publication apply only to US plans. They do not apply to non-US plans, such as international plans primarily covering foreign nationals who are not receiving US source income.

# Model Notices

All the Model Notices are available on the NFP Benefits Compliance Solutions website at <https://benefitscompliance.nfp.com/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](#)

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