

2025 December 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) • Medicare Part D Disclosure to CMS (by 1/30) | <ul style="list-style-type: none"> • 2024 Forms 1094/95-C and/or 1094/95-B to the IRS (by 2/28, if filing by paper)* | <ul style="list-style-type: none"> • 2024 Forms 1095-B/C to employees (by 3/2) • 2024 Forms 1094/95-C and/or 1094/95-B to the IRS (by 3/31, if filing electronically)* • 2024 Form M-1 to the DOL (for MEWAs, by 3/1) | <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"> • Prescription Drug Data Collection (RxDC) reporting for 2024 to CMS (by 6/1) • Form 5500, or Form 5558 for a 2.5 month extension, to the DOL (by 6/30) |
| JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER |
| <ul style="list-style-type: none"> • PCOR fee to the IRS (for self-insured plans, including HRAs, by 7/31) | <ul style="list-style-type: none"> • SAR to employees (by 8/31, unless Form 5558 extension applies) | <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) • Form 5500 to the DOL (by 9/15, if Form 5558 extension applies) | <ul style="list-style-type: none"> • Medicare Part D Disclosure Notice to eligible individuals (by 10/14) | <ul style="list-style-type: none"> • SAR to employees (by 11/15, if Form 5558 extension applies) • SBC, CHIP, WHCRA, and other Open Enrollment notices to employees (by 11/30) (see Page 2) • Update SPD (by 11/30) • Correct DCAP nondiscrimination test failures (by 11/30) • Calculate ACA affordability for new plan year (by 11/30) • Calculate domestic partner imputed income for new plan year (by 11/30) • Calculate COBRA rates for new plan year (by 11/30) | <ul style="list-style-type: none"> • Process current year imputed income for domestic partner and group term life coverage (by 12/31) • Gag clause attestation to CMS (by 12/31) • Health FSA limit on EE pre-tax contributions (eff 12/1) • Section 125 plan, health FSA, and DCAP nondiscrimination testing • Section 105 nondiscrimination testing (self-insured plans, including FSAs and HRAs) • Review all Plan Document Maintenance items (see Page 2) |

Note: Generally, if a due date falls on a weekend or holiday, the due date is extended to the next business day, except that the Medicare Part D Disclosure Notice must be distributed by 10/14.

Note: Requirements in **bold** do not change based on the plan year. They are fixed monthly requirements regardless of when a plan year starts (unless changed by a federal regulatory agency, like the IRS or DOL).

*Effective for 2023 forms and thereafter, employers filing 10+ forms must file electronically.

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) if 20+ employees | Children’s Health Insurance Program (CHIP) Notice | COBRA Election Notice (COBRA Continuation Coverage Election Notice) if 20+ employees | 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 Posting: Transparency in Coverage (TiC) 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) | Group Term Life Insurance (GTLI) conversion and/or portability notices, as applicable | | CAA Posting: No Surprises Act (NSA) Model Notice (Notice of Your Rights and Protections Against Surprise Medical Bills) |
| 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) | Notice of Unavailability of COBRA Continuation Coverage if 20+ employees | | ERISA Plan Document |
| 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) | Rescission of Coverage Notice | | HIPAA Privacy/Security Policies and Procedures |
| 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) | Uniformed Services Employment and Reemployment Rights Act (USERRA) Continuation Coverage Notice | | 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 linked below are also available on the [Benefits Compliance Library](#).

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](#)