

Notice Requirements for Group Health Plans

ERISA requires plan administrators to give plan participants in writing the most important facts they need to know about their group health plans, including plan rules, financial information, and documents on the operation and management of the plan. Some of these facts must be provided to participants regularly and automatically by the plan administrator. Others must be made available upon request, free-of-charge or for copying fees.

The major categories of notices required for group health plans included in this section are organized as follows:

- [Summary Plan Description \(SPD\)](#) • [Summary of Material Modifications \(SMM\)](#) • [Plan Documents](#)
- [Health Care Reform \(ACA\) Notices](#)
- [COBRA Notices](#)
- [HIPAA Portability and Nondiscrimination Notices](#)
- [Special Health Care Notices](#)
- [Benefit Claims Notices](#)
- [HIPAA Privacy and Security-Related Notices](#)
- [Medicare Part D Creditable Coverage Notices](#)
- [Family and Medical Leave Act \(FMLA\) Notices](#)

COVID-19-Related Deadline Extensions

Due to the COVID-19 pandemic, the federal government extended the time to furnish benefit statements and other notices and disclosures required under ERISA, if good faith efforts are made to provide the documents as soon as administratively practicable. These deadlines were initially extended by disregarding an Outbreak Period from March 1, 2020, until 60 days after the announced end of the National Emergency (or such other date announced by the Departments). Under federal law, this period could not exceed one year, meaning that the relief was expected to expire on Feb. 28, 2021.

However, [Disaster Relief Notice 2021-01](#) extends the relief beyond this date in some situations, while emphasizing that plan administrators should continue to make reasonable accommodations to prevent the loss of or delay in payment of benefits. The deadlines for individuals and plans subject to the initial relief are extended until the earlier of:

- One year from the date they were first eligible for relief; or
- 60 days after the announced end of the National Emergency (the end of the Outbreak Period).

On the applicable date, the time frames for individuals and plans with periods that were previously disregarded will resume. In no case will a disregarded period exceed one year.



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