



Required Group Health Plan Notices for Employees

Notice	New Hire Packet	Upon Enrollment	Open Enrollment Packet	Annually (not OE)	Upon Coverage Termination
COBRA Initial Notice* (also sent to ENROLLED spouse)	NO	Required			
CHIP Notice	OK		Required		
HIPAA Notice of Special Enrollment Rights*	Required		OK		
Medicare Part D Creditable* OR Non-creditable Disclosure Notice *	Required			Required	
Notice of Exchange* (give to all employees within 14 days of employment)	OK, but also give to non-eligible EEs				
Summary of Benefits and Coverage (SBC)*	Required		Required		
Notice of Nondiscrimination under 1557* (applies to covered entities under 1557; can include in the SBC)	OK		OK		
Summary Plan Description (SPD)*	NO	Required			
Summary of Material Modification (SMM)* or Reduction in Benefits/Services * (upon plan changes)		Required	Required	Required	
Grandfathered Health Plan Notice* (in SPD, if applicable)	NO	Required			
Internal Appeals and External Review Procedures* (in SPD)	NO	Required			
Mothers' and Newborns' Health Protection Act (in SPD)	NO	Required			
Women's Health and Cancer Rights Act Annual Notice* (in SPD)	NO	Required			
Women's Health and Cancer Rights Act Annual Notice	OK		Required		
Patient Protection Notice* (in SPD)	NO	Required			
HIPAA Notice of Privacy Practices* (only for self-insured or fully-insured "hands-on" employer) HIPAA Notice of Availability of Notice of Privacy Practices must be distributed at least once every 3 years	NO	Required			

*Electronic distribution generally permitted *Notice must be customized prior to distribution – do not distribute unless customized

Notice	New Hire Packet	Upon Enrollment	Open Enrollment Packet	Annually (not OE)	Upon Coverage Termination
HSA Notice on Employer Contributions* (only if contributions made outside of Section 125 Plan)				Required	
Summary Annual Report (SAR)* (if applicable)				Required	
COBRA Election Notice*					Required
COBRA Unavailability of Continuation Coverage Notice* (if applicable)					Required
FMLA Notice of Nonpayment of Premium* (15 days in advance of cancellation)					Required 15 days prior
Rescission of Coverage (30 days in advance of cancellation)					Required 30 days prior
Notice of Availability of Reasonable Alternative Standard for Health-Contingent Wellness Programs* (include with all wellness program materials)	Required		Required		
EEOC Wellness Notice* (prior to health inquiry)	Required		Required		

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