



Compliance Basics

OCAHU – CE Day – September 10, 2019
Marilyn A. Monahan, Monahan Law Office



Agenda



- Why Does Compliance Matter?
- ERISA Compliance
 - What Is ERISA and When Does It Apply
 - Focus: Reporting and Disclosure Requirements for Health and Welfare Benefit Plans
- IRS Compliance
 - Focus: Overview of Cafeteria Plan Compliance Issues
- HHS/OCR Compliance
 - Focus: Overview of HIPAA Privacy, Security, and Data Breach Rules for Employer-Sponsored Group Health Plans and Business Associates
- Resources and Questions

Question

Who is responsible for ERISA compliance:

- (a) Insurer
- (b) Broker
- (c) Employer
- (d) None of the above

Why Does Compliance Matter?

- Compliance is an employer obligation—not an insurer or broker obligation
- It's the law
- Failure to meet compliance obligations could result in:
 - Employee complaints
 - Participant lawsuits
 - Stop-loss issues (self-funded plans)
 - Audits (DOL, IRS, and HHS/OCR)
 - Penalties (DOL, IRS, and HHS/OCR)
- Mergers and acquisitions: due diligence



ERISA Compliance



ERISA: What Is It?

- The Employee Retirement Income Security Act of 1974 (ERISA)
 - Reporting and disclosure requirements enforced by the Department of Labor (DOL), Employee Benefits Security Administration (EBSA)
- A federal law that regulates **employer-sponsored** (a) pension plans and (b) employee **welfare benefit** plans—whether fully insured or self-funded
- **Exempt:** State and local government plans, church plans, workers' compensation, and plans maintained outside of U.S. for non-resident aliens
- **Exempt:** Benefits that satisfy the DOL “voluntary” safe harbor (more later)
- **Preempts** state laws regulating covered plans, except
 - **Note:** Does not preempt state insurance laws
 - **Example:** Mandated benefit laws that apply to health insurance policies

Defined Terms

- **Plan Sponsor:** In a single-employer plan, the employer
- **Plan Administrator:** In a single-employer plan, typically the employer; the Plan Administrator is responsible for ensuring compliance with ERISA
 - **Note:** Not the same as the third party administrator (TPA)
- **Employee Welfare Benefit Plan:** A plan, sponsored by an employer, that provides benefits such as medical, surgical, or hospital care or benefits, or benefits in the event of sickness, accident, disability, death or unemployment, or prepaid legal services (benefit examples—next slide)
- **Participant:** Employee. **Beneficiary:** Dependent.
- **Plan Name:** Assigned by Plan Administrator
 - **Example:** “Alpha Corporation Employee Welfare Benefit Plan”
- **Plan Number:** Health and welfare plans start at number 501
 - **Example:** Plan 501, Plan 502, etc.
- **Plan Year:** Must be 12 months
 - **Example:** January 1 – December 31
- **Note:** All of these details are specified in the wraps and the Form 5500

Employee Welfare Benefit Plans Include ...

Health

Dental

Vision

Health
FSA

HRA

STD

LTD

Life

AD&D

Prepaid
Legal

Some
EAPs

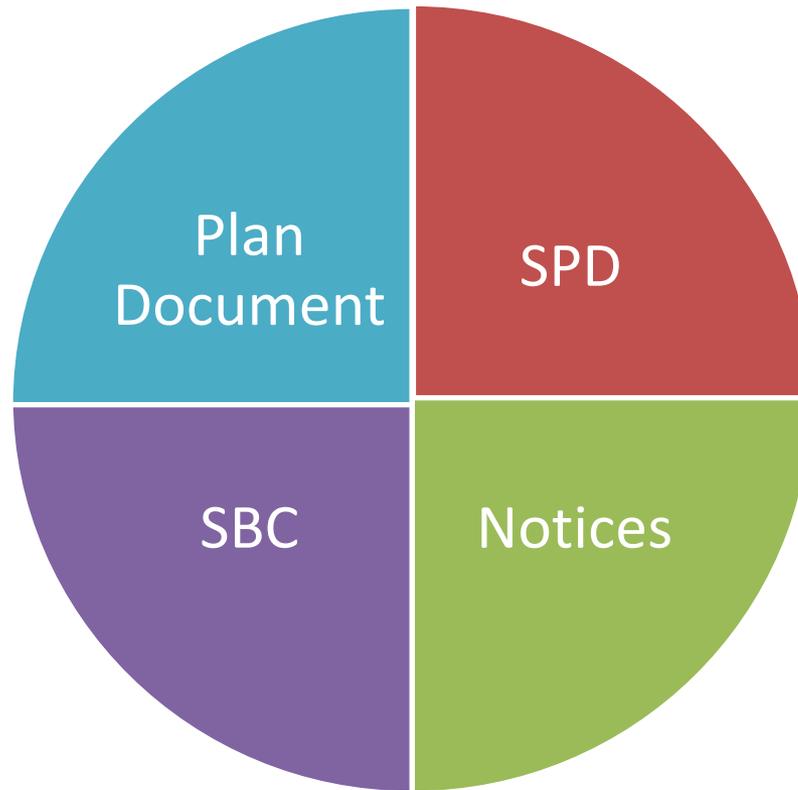
Some
Wellness

Voluntary Plans

- Plans that satisfy the DOL's voluntary plan "safe harbor" are not considered "employee welfare benefit plans" and are exempt from ERISA
- The safe harbor requirements are:
 - No employer contributions
 - Participation is voluntary
 - The employer does not "endorse" the program (but the employer may publicize and collect premiums through payroll deductions)
 - The employer cannot receive consideration in the form of cash or otherwise
- If voluntary, do not add to the wrap

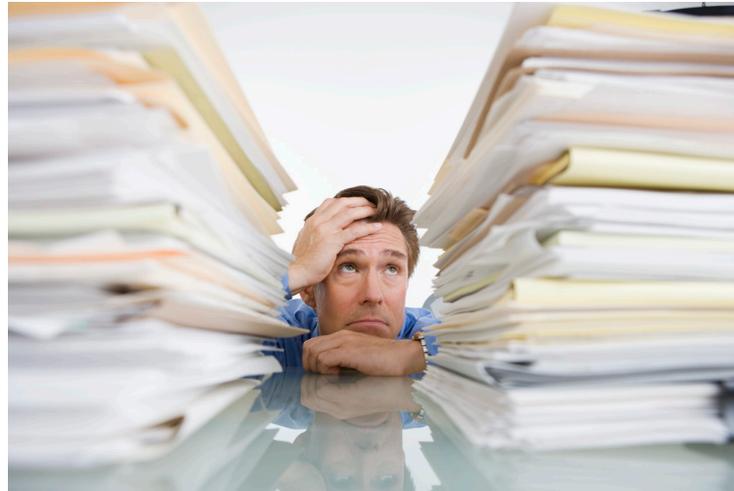


ERISA Disclosure (Document) Requirements



Disclosure (Documentation) Requirements

The HMO gave us an evidence of coverage (EOC).
That's all we need, right?



Plan Document

- “Every employee benefit plan shall be **established and maintained** pursuant to a written instrument” (ERISA § 402)
 - The legal document that governs the plan
 - Must contain certain terms required by ERISA—and are almost never included in the insurers’ documents (solution = wrap)
 - Written in “the language of lawyers”?
 - Not the same as the SPD: Two separate documentation requirements
 - **Note:** Do not distribute, but must provide **upon request** (30 days) or pay a penalty (\$110/day)
- No small plan exemption
- **Audit Tip:** The DOL will ask for this if there is an audit—item no. 1 or 2 on the list
- **Compliance Tip:** Can you combine with the SPD?



Summary Plan Description (SPD)

If I don't distribute the plan document
to participants,
what do I distribute?



Summary Plan Description (SPD)

- The primary method for communicating plan terms
- The SPD shall be written in a manner calculated to be **understood** by the average plan participant
 - Objective: “clear, simple communication” (*Cigna v. Amara*)
- The SPD shall be sufficiently **accurate and comprehensive** to reasonably apprise participants/beneficiaries of their rights and obligations under the plan
- The SPD must comply with:
 - **Style and format** regulations
 - **Content** regulations (more over)
 - **Foreign language** regulations
- The SPD must be **distributed** in a manner (in-person, mail, electronically) that is “reasonably calculated to ensure actual receipt” —follow the rules



Summary Plan Description (SPD)

- The SPD must satisfy the **content** rules in ERISA § 102 and the regulations—required information includes:
 - Plan name, plan number, plan year
 - Employer name and address
 - The name and address of the Plan Administrator
 - Tax ID (EIN)
 - Source of contributions (for example, employer or employee)
 - Eligibility terms (including ACA measurement methodologies) and waiting period
 - The Statement of ERISA Rights
- **Note:** Many of these mandatory terms will not be included in insurers' documents—the solution is the “wrap” (more later)



SMM & SMR

(Amendments to the SPD)

SMM – Summary of Material Modification

- Must be provided in the event of any material modification to the plan, & any change in the information required by ERISA or the SPD content regulations
- Distribute **not later than 210 days** after the close of the plan year in which modification/change adopted
- **Compliance Tips:** Don't wait that long; don't have too many; not needed if provide new SPD

SMR – Summary of Material Reduction

- Must provide **within 60 days** of adoption of material **reduction** in covered services or benefits
- **Compliance Tips:** Applies to group health plans only; don't have too many amendments; not needed if provide new SPD

Compliance Tip: Mid-year modifications to content of SBC: notice required **60 days in advance**

Wrap Documents: Strategy and Use



1

- ERISA Compliance:
- What you have to communicate

2

- Be Proactive:
- What you want to communicate

3

- Form 5500:
- One plan or more

Wrap Documents: Strategy and Use



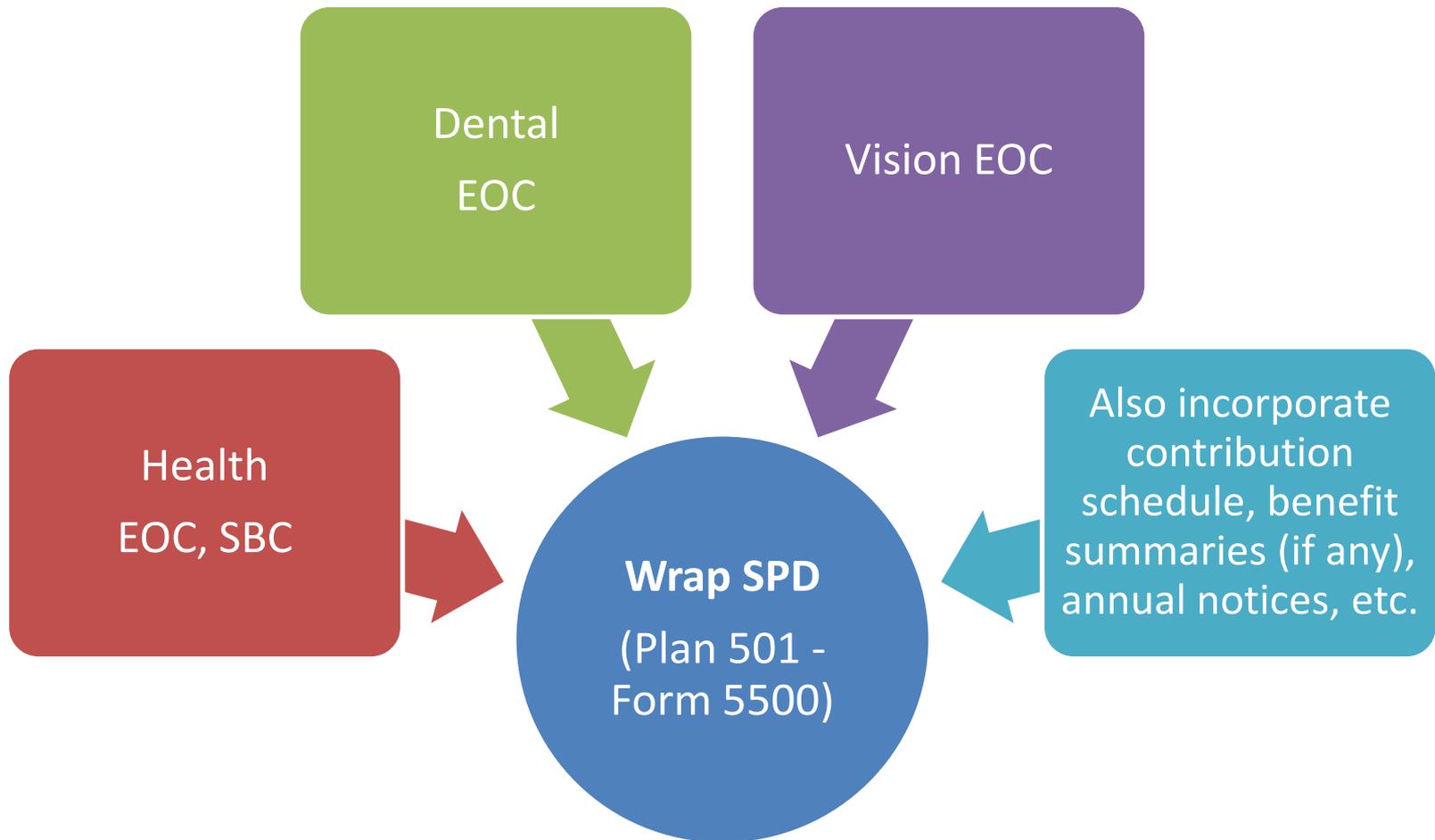
- May use the “wrap” method for both plan document and SPD
- **Satisfy ERISA Content Requirements:** Use a wrap to supply the terms not included in the insurers’ documentation, and then:
 - Incorporate into the wrap the insurers’ documentation, and all other essential written material, and the entire package (wrap plus EOCs, etc.) constitutes the plan document or SPD
- **Be Proactive:** Employer can also use a wrap to provide terms that will assist in the administration of the plan
 - **Examples:** Specify ability to amend or terminate the plan; clarify distribution of medical loss ratio rebates; obtain more favorable standard of review in event of lawsuit
- **Establishing Plan(s):** Wrap documents assist with Form 5500 planning and filing (more later)
- **Compliance Tip:** One size does not fit all

Wrap SPD Example:

“Alpha Corporation Employee Welfare Benefit Plan” Plan 501

- **Example: Alpha Corporation Employee Welfare Benefit Plan—Plan 501**
- **Alpha’s Goals:** (a) Satisfy ERISA content regulation requirements, and (b) combine all welfare benefits into one plan
- Alpha Corp. offers its employees:
 - A fully insured health plan (insurer provides EOC & SBC), fully insured dental plan (insurer provides EOC), & fully insured vision plan (insurer provides EOC)
- The waiting period for all benefits is first of the month following date of hire (describe in wrap)
- Employees who work 30 or more hours per week on average are eligible for coverage (describe in wrap)
- Alpha has adopted a 12-month look-back measurement period for ACA purposes (describe in wrap)
- Alpha Corp. distributes a contribution schedule at open enrollment
- On behalf of Alpha, broker distributes at open enrollment a benefit summary with annual notices

Wrap SPD Example: “Alpha Corporation Employee Welfare Benefit Plan” Plan 501



Summary of Benefits & Coverage (SBC)

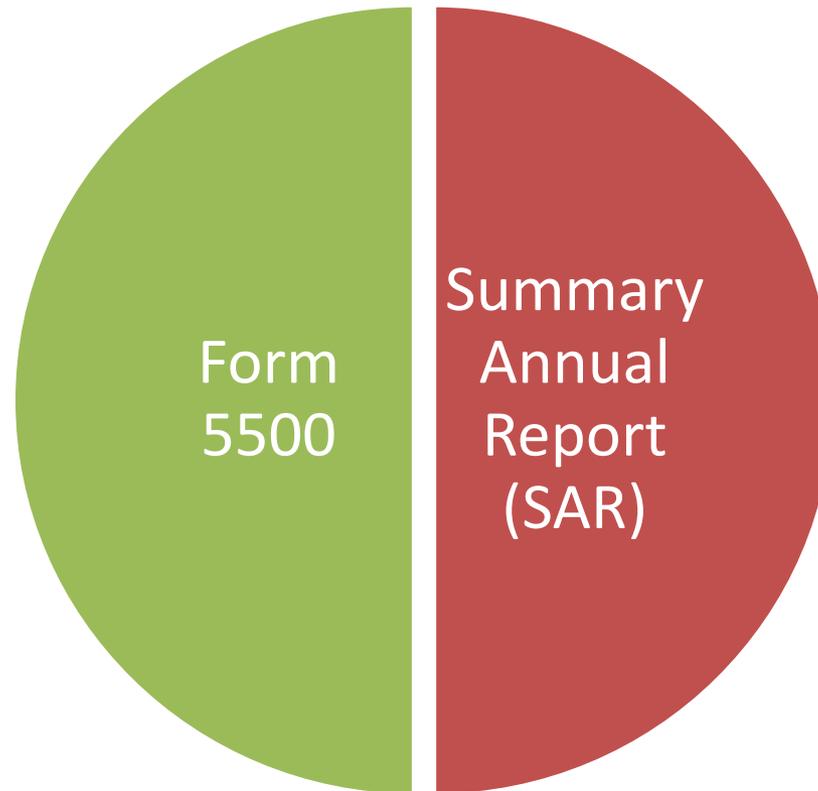
- Simple and concise explanation of benefits
- Plans must provide SBC to participants and beneficiaries
 - Fully insured: Carrier will prepare
 - Self-funded: Plan Administrator must prepare
- **Foreign language requirements:** Must provide the SBC in a “culturally and linguistically appropriate manner”
 - Unlike the SPD, the SBC may have to be translated
- **Note: Mid-year material modifications in SBC:** 60 days advance notice required (for both reductions and enhancements in coverage and benefits)
- **Penalty:** \$1,156/failure/participant (ERISA) & \$100 excise tax/day (IRC)
- **ACA Compliance Tip:** SBCs state if plan is MEC, MV



Finally, Mandatory Notices & Open Enrollment Checklist

- SPD(s)
 - Includes wrap, EOCs, SMMs, SMRs, eligibility, waiting period, contribution schedule, and all other materials incorporated by wrap
- Summary of Benefits & Coverage (SBC) (health plan only)
- Women's Health and Cancer Rights Act notice
- Newborns' and Mothers' Health Protection Act notice
- HIPAA notice of special enrollment rights
- Michelle's Law notice
- Medicare Part D creditable coverage notice
- CHIP Notice
- Initial COBRA notice (new hire)
- HIPAA Notice of Privacy Practices (if the plan is self-funded, such as a health FSA, every 3 years)
- Cafeteria plan election form (if applicable)
- HIPAA and ADA wellness program notices (if applicable)
- Grandfathered plan notice (if applicable)
- Notice of Patient Protections (if applicable)

ERISA Reporting Requirements



ERISA Reporting Requirements

- **Form 5500:** The Plan Administrator of an ERISA plan must file an “annual report”—the Form 5500
 - **Small plan exemption:** Form 5500 filing exemption for ERISA plans with fewer than 100 participants at the beginning of the plan year and that are (a) fully insured, (b) unfunded, or (c) a combination of fully insured and unfunded (**note:** this small plan exemption applies to the Form 5500 only—not to other ERISA mandates)
 - Must file by the last day of the 7th month after the end of the plan year (extension: Form 5558)
 - One Form 5500 for each plan; start plan numbering at 501
 - **Audit Tip:** 1st item the DOL looks at in the event of an audit
 - **Penalty:** For late or incomplete 5500s: \$2,194/day (note: DFVC Program)
- **SAR:** Summary Annual Report (SAR)
 - Distribute to participants within 9 months after end of plan year
 - DOL has model form

Form 5500 Examples: Small Plan Exemption

▪ **Example:**

- Alpha Corp. offers its employees a fully insured health plan
- At the beginning of the plan year, the health plan had 70 active participants and 3 COBRA qualified beneficiaries (QBs)
- **Conclusion:** Alpha Corp. qualifies for the small plan exemption and does not have to file a Form 5500
- **Note:** Alpha Corp. is still subject to all other ERISA requirements

▪ **Example:**

- Alpha Corp. offers its employees a fully insured health plan and a fully insured dental plan
- At the beginning of the plan year, the health plan had 90 active participants and the dental plan had 70 active participants
- 50 of the dental plan participants were also enrolled in the health plan, and 20 were only enrolled in the dental plan
- **Conclusion:** Does the small plan exemption apply? It depends.

Form 5500 Example: How Many Plans/Form 5500s?

■ **Example:**

- Alpha Corp. has a calendar year plan year
 - January 1 – December 31
- Alpha Corp. offers its employees 3 fully insured benefit options:
 - Health (as of January 1: 150 participants)
 - Dental (as of January 1: 120 participants)
 - Vision (as of January 1: 105 participants)

■ **Conclusions:**

- Must Alpha Corp. file a Form 5500? Yes.
- If so, when? No later than July 31st (SAR due September 30th).
- How many Form 5500s must Alpha Corp. file? Alpha has control over this decision (see next slide).

Form 5500 Examples

No Wrap
(3 Form 5500s)

With Wrap
(1 Form 5500)

Plan 501

- Health

Plan 502

- Dental

Plan 503

- Vision

Plan 501

- Health
- Dental
- Vision

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2018 or fiscal plan year beginning 01/01/18 and ending 12/31/18

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here: ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)

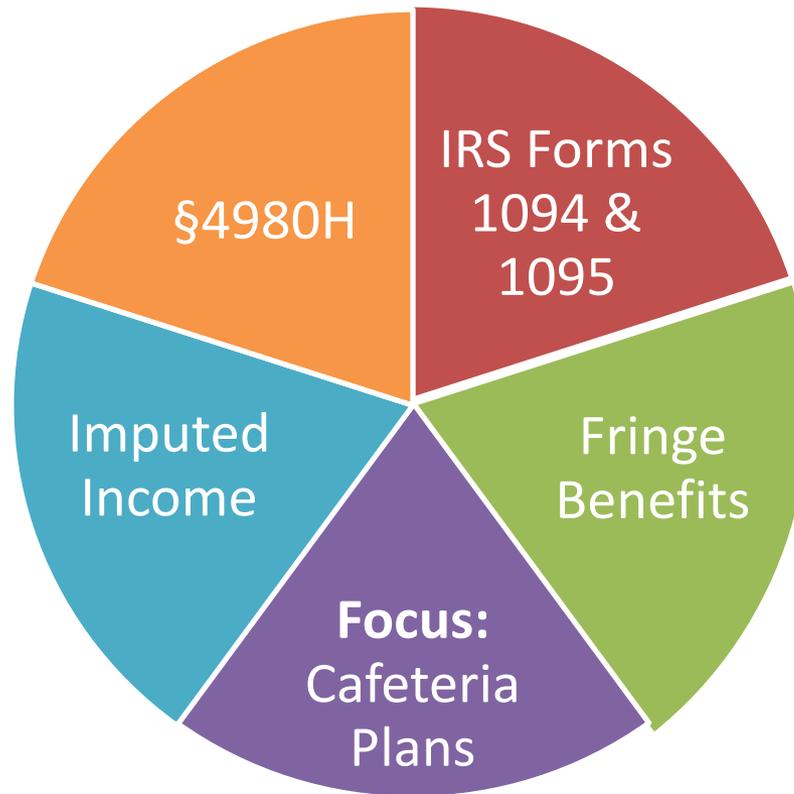
Part II Basic Plan Information—enter all requested information

- | | | |
|--|--|---------------|
| 1a Name of plan
Alpha Corporation Employee Welfare Benefit Plan | 1b Three-digit plan number (PN) ▶ | 501 |
| | 1c Effective date of plan | 01/01/10 |
| 2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Alpha Corporation
111 South Main Street
Anytown, GA 90001 | 2b Employer Identification Number (EIN) | 55-5555555 |
| | 2c Plan Sponsor's telephone number | (310)555-5555 |
| | 2d Business code (see instructions) | |

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year	5	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c..... e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e..... g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4D 4E		

IRS Compliance



Focus: Cafeteria Plans



What Is a Cafeteria Plan?

- A cafeteria plan is created when an employer offers employees a choice between a taxable benefit (such as cash) and at least one “qualified benefit” (later slide)
- **Example:** Paying for health coverage pre-tax:
 - Employees are given the option to either receive their full salary and waive the group health coverage (and therefore receive cash/unreduced salary, a taxable benefit), or reduce their salary to pay for health coverage (a “qualified benefit”) on a pre-tax basis.
 - **Example:** Employees of Alpha Corp. must contribute \$100/mo. for health coverage; Joe has a choice of either \$2,000/mo. taxable salary, or \$1,900/mo. taxable salary and health coverage
 - This specific option is sometimes referred to as a premium conversion option, premium-only-plan, or POP plan

Tax Advantages

- Cafeteria plans are sometimes referred to as “section 125” plans because they are governed by section 125 of the Internal Revenue Code (IRC)
- **Key Advantages:** Reduces taxable income; reduces wages subject to employment taxes
- **Example:** Alpha Corporation:
 - Offers full-time employees health insurance and a cafeteria plan so that employees can pay their share of health premiums pre-tax
 - Health premium is \$500/month/employee-only; Alpha pays \$400/month; employee pays \$100/month (\$1,200/yr)
 - Because of cafeteria plan, employee reduces his/her taxable income by \$1,200
 - Because of cafeteria plan, Alpha pays employment taxes on \$1,200 less in taxable income

Qualified Benefits

- Benefits offered through the cafeteria plan could include:
 - Premium conversion option (POP)
 - Accident and health benefits (but not Archer medical savings accounts or long-term care insurance)
 - Adoption assistance
 - Health flexible spending account (health FSA)
 - Dependent care spending account (dependent care FSA)
 - Pre-tax HSA contributions
 - Group term life insurance coverage (in an amount that is less than or equal to the \$50,000 excludible from gross income under IRC section 79(a))



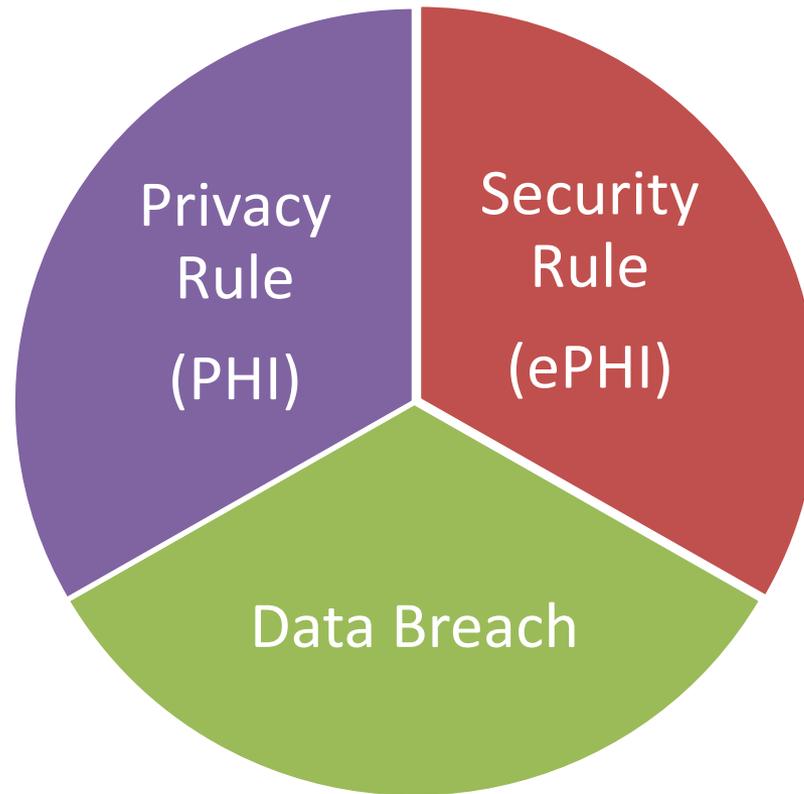
Administering the Cafeteria Plan: Overview

- **Plan Document:** A written plan document is required
 - Without it, lose tax benefits of plan
 - Update as necessary; written amendments apply prospectively only
- **Participants:**
 - Only “common law” employees and former employees of the employer may participate (including laid off and retired employees)
 - Sole proprietors, partners, directors, and 2% shareholders of an S corp. are not employees and may not participate
- **Elections:**
 - Employee elections must be made before 1st day of the plan year
 - Elections are irrevocable; mid-year election changes only permitted if IRS rules and cafeteria plan document allow for it

Administering the Cafeteria Plan: Overview

- **Plan Year:** The “plan year” must be 12 consecutive months
 - A short plan year may be adopted “only for a valid business purpose”
- **Administration:** Must administer plan according to plan terms
 - **Example:** Employee asking for a mid-year election change that is not permitted under IRS rules or the plan: do not allow
- **ERISA:** Cafeteria plan is not subject to ERISA
 - So, ERISA-compliant SPD is not required and cafeteria plan is not included in ERISA wrap
 - **But:** Health FSA (if any) is subject to ERISA—it is a group health plan
 - **Therefore:** An SPD is required for the health FSA and the health FSA component should be included in the wrap
- **Non-Discrimination Rules:** Cafeteria plans are subject to non-discrimination rules and testing

HHS/OCR Compliance



HIPAA Compliance Overview

- **What is it?**
 - Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- **What is our focus today?**
 - The parts of HIPAA that protect health information: the Privacy Rule (PHI and ePHI), the Security Rule (ePHI), Data Breach, and HITECH
- **What does HIPAA apply to?**
 - HIPAA applies to “protected health information” (**PHI** or **ePHI**)—oral, written, and electronic—created or received by a “covered entity”
- **Who has to comply?**
 - Covered entities, which are health care providers, health care clearinghouses, and health plans—health plans include **insurers/HMOs** and **employer-sponsored group health plans**—as well as “**business associates**” and their subcontractors



Group Health Plans: Privacy Rule

- **What Is Required?** Level of compliance varies depending on amount of “protected health information” (PHI) created or received by plan
 - Some analysis and documentation is necessary for all employers
- **Self-funded** employer health plans are “hands on” and must fully comply with Privacy Rule
 - **Examples:** Health FSAs and level funded plans are considered self-funded and are “hands on”
- **Fully insured** employer health plan may choose to be “hands off” or “hands on” with respect to Privacy Rule compliance
 - **Example:** Employer with fully insured health plan chooses not to receive PHI; plan is “hands off”
 - **If Hands Off:** Only limited Privacy Rule compliance required: Must comply with prohibition on intimidating or retaliatory acts and cannot ask for a waiver of rights; document



Group Health Plans: Security Rule

- **What Is Required?** “Hands-off” option not applicable, but level of compliance will still vary depending on amount of ePHI created or received by plan
- **What does the Security Rule apply to?** It applies to ePHI *transmitted* by electronic media or *stored* in electronic media
 - **Examples:** Email transmissions, back-ups, cloud storage, mobile devices
- **Key steps:**
 - Appoint a Security Official
 - Conduct a risk assessment
 - Develop policies and procedures to (a) ensure the confidentiality, integrity, and availability of all ePHI; (b) to protect against any reasonably anticipated threats or hazards to the security or integrity of ePHI; (c) to protect against any reasonably anticipated uses or disclosures of ePHI that are not permitted; (d) to ensure compliance by the workforce; and (e) to ensure the maintenance of the security measures implemented
 - Document



Group Health Plans: Data Breach

- **What is a breach?** “Breach” is the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of the PHI
 - **Examples:** Mailing or emailing PHI to the wrong person; laptop or mobile phone with PHI missing or stolen; computer hacking
- **Presumption:** Unless an exclusion applies, acquisition, access, use, or disclosure of PHI is *presumed* to be a breach unless you can demonstrate that there is a low probability that the PHI has been compromised based on a risk assessment of certain factors
- **Notice:** If there is a breach, you must notify the person(s) whose PHI was accessed and the Department of Health & Human Services (posted on-line)
- **The media:** If the breach involves over 500, notify the media as well
- **Note:** Must also comply with state laws (see Cal. Civ. Code § 1798.82)



How Does HIPAA Apply to Business Associates?

- Since HITECH, business associates have been directly responsible for compliance with the Rules, and may be subject to audit and penalties
- Since HITECH, business associates must ensure their subcontractors are compliant as well; examples include IT support, cloud storage, etc.
- Level of compliance:
 - Limited sections of the Privacy Rule specifically apply to business associates; but, will you effectively meet your obligations to your clients if you do not fully comply with other key provisions of the Privacy Rule?
 - Must comply with Security Rule and Data Breach regulations
- **Note:** A covered entity cannot disclose PHI to a business associate without a signed BAA

Business Associate Agreements

- BAA must include mandated terms (from both Privacy and Security Rules)
- Sample language provided by HHS (not a complete contract)
- **New:** Contracts must be updated to comply with HITECH regulations no later than September 22, 2014
- **New:** Business associates must enter into contracts with their subcontractors if the subcontractors have access to PHI
- **New:** Covered entities may be liable for acts of business associates based on agency/principal analysis



Resources



Open Enrollment Disclosure Requirements

Summary Plan Description (SPD)

Summary of Benefits & Coverage (SBC)

Mandatory Notices

Open Enrollment Disclosure Requirements

- ❑ Summary Plan Description (SPD) includes:
 - Wrap (includes mandatory ERISA language not included in EOCs)
 - Insurer/HMO evidences of coverage (EOCs) (EOCs contain essential terms, and insurer/HMO require distribution)
 - Eligibility terms, including:
 - Hours worked (F/T or P/T), spouses, dependents, domestic partners
 - ACA measurement methodology (monthly or look-back measurement method (LBMM))
 - Waiting period
 - Contribution schedule/rate sheet
 - Summary of Material Modifications (SMM) and Summary of Material Reductions (SMR) (not necessary if incorporated into new SPD)
 - Mandatory notices
- ❑ Summary of Benefits and Coverage (SBC) (health plan(s) only)
- ❑ **Legislative Update: S.B. 30 (Chapter 135):** Effective January 1, 2020, expands definition of those who are eligible to register in CA as domestic partners

Who Audits What?

Areas Subject to Review	Enforcing Entity
ERISA Reporting, Disclosure, and Fiduciary (Operational) Requirements	Department of Labor (DOL), Internal Revenue Service (IRS)
Affordable Care Act (ACA)	Department of Health and Human Services (HHS), DOL, IRS
HIPAA Privacy/Data Security	Department of Health & Human Services (HHS)/Office of Civil Rights (OCR)
Cafeteria Plan	IRS
Nondiscrimination Testing	IRS
Wellness Programs	DOL/IRS
Mental Health Parity, Voluntary Benefits, Claims Procedures	DOL

Resources

- U.S. Department of Labor, Employee Benefits Security Administration (EBSA):
 - *Reporting and Disclosure Guide for Employee Benefit Plans*
 - *Compliance Assistance Guide: Health Benefits Coverage under Federal Law, including Self-Compliance Tool for Part 7 of ERISA: Health Care-Related Provisions*
 - *Understanding Your Fiduciary Responsibilities under a Group Health Plan*
- Internal Revenue Service:
 - Publication 15: (Circular E), Employer's Tax Guide
 - Publication 15-A: Employer's Supplemental Tax Guide
 - Publication 15-B: Employer's Tax Guide to Fringe Benefits
- HHS/OCR:
 - <https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html>
 - <https://www.hhs.gov/hipaa/for-individuals/employers-health-information-workplace/index.html>

Legal References

Topic	ERISA; US Code	Regulations
Plan Document	ERISA § 402; 29 U.S.C. § 1102	
Summary Plan Description (SPD)	ERISA § 101; 29 U.S.C. § 1021 ERISA § 102; 29 U.S.C. § 1022	29 C.F.R. Part 2520
<ul style="list-style-type: none"> • Style, Format, & Content 	ERISA § 101; 29 U.S.C. § 1021 ERISA § 102; 29 U.S.C. § 1022	29 C.F.R. § 2520.102-2 29 C.F.R. § 2520.102-3
<ul style="list-style-type: none"> • Foreign Language 		29 C.F.R. § 2520.102-2
<ul style="list-style-type: none"> • Distribution 	ERISA § 104; 29 U.S.C. § 1024	29 C.F.R. § 2520.104b-2
<ul style="list-style-type: none"> • Electronic Distribution 		29 C.F.R. § 2520.104b-1
<ul style="list-style-type: none"> • SMM/SMR 	ERISA § 104(b)(1); 29 U.S.C. § 1024	29 C.F.R. § 2520.104b-3(d)
Summary of Benefits & Coverage (SBC) and Glossary	PHSA § 2715; 42 U.S.C. § 300gg-15 ERISA § 715; 29 U.S.C. § 1185d	29 C.F.R. § 2590.715-2715 ACA FAQs Parts VIII & IX
Record Retention	ERISA § 107; 29 U.S.C. § 1027	29 C.F.R. § 2520.107-1
Document Requests	ERISA § 104; 29 U.S.C. § 1024 ERISA § 502; 29 U.S.C. § 1132	29 C.F.R. § 2520.104b-1 29 C.F.R. § 2520.104b-30

Questions?



Marilyn A. Monahan

Monahan Law Office

4712 Admiralty Way, #349

Marina del Rey, CA 90292

(310) 989-0993

marilyn@monahanlawoffice.com

www.monahanlawoffice.com

@MonahanLawCA

© 2019 Marilyn A. Monahan.

All rights reserved.

Legal Notice

The information provided during this program does not constitute legal advice. In addition, this program only provides a summary of certain complex and always evolving laws and regulations. Attendees should consult their legal counsel for guidance on the application and implementation of the many federal and state laws that impact employee benefit plans, including the topics discussed during this program.