ERIC
The
ERISA
Industry
Committee

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http://www. regulations.gov

Office of the Assistant General Counsel for
General Law, Ethics, and Regulation
Department of the Treasury
Washington, DC

Re: Reducing Regulatory Burden; Retrospective Review Under E.O. 13563

Ladies and Gentlemen:

The ERISA Industry Committee ("ERIC") is pleased to respond to the Department of the Treasury's request for comments on its plan for retrospective review of its regulations. Treasury's request relates to the President's Executive Order 13536, "Improving Regulation and Regulatory Review." Because the request focuses on existing regulations, our comments do not directly address proposed regulations that are currently under consideration.

ERIC'S INTEREST IN THE RETROSPECTIVE REVIEW

ERIC is a nonprofit association committed to the advancement of the employee retirement, health, incentive, and welfare benefits of America's largest employers. ERIC's members provide comprehensive benefits directly to tens of millions of active and retired workers and their families. This letter focuses on Treasury regulations and other guidance under provisions of the Internal Revenue Code of 1986, as amended (the "Code") that affect those benefits.

ERIC's members strongly support policies to promote sponsorship of plans that provide meaningful and secure benefits to employees and retirees. At the same time, however, ERIC's members do business in an increasingly competitive global and domestic economy. ERIC's members must compete with companies that provide less costly benefits. As regulations become more complex and pervasive, ERIC's members are forced to spend a larger and larger portion of their available time, effort, and financial resources complying with regulatory requirements. (The attached Reporting and Disclosure Requirements Calendar prepared by Towers Watson exemplifies the growing burdens.

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ERIC welcomes Treasury's efforts to review existing regulations and endorses the guiding principles for the review. In particular, ERIC appreciates the effort to:

- "[C]onsider costs and benefits of [Treasury] regulations and choose the least burdensome path;"
- Include public participation in the regulatory process;
- "[C]oordinate, simplify, and harmonize regulations to reduce costs and promote certainty;" and
- "[M]aintain freedom of choice and flexibility."

The ongoing experience of ERIC's members who sponsor cash balance and other hybrid pension plans illustrates the importance of these principles and the adverse consequences that misguided regulations can have. The Pension Protection Act of 2006 reflected a clear policy in favor of establishing and maintaining hybrid plans that provide meaningful and secure retirement benefits. However, almost five years have passed, and Treasury and the IRS still have not issued definitive guidance on fundamental issues; and proposed regulations have introduced new stumbling blocks that are inconsistent with Congress's intent.

If published in their current form, many aspects of the regulations will lead plan sponsors either to (a) avoid hybrid (and other defined benefit) plans altogether, or (b) provide for less generous benefits than they otherwise would. Moreover, many plan sponsors consider hybrid plans as the logical alternative to traditional defined benefit plans, and the only realistic hope of reversing the trend toward freezing and terminating defined benefit plans. The current regulatory climate, particularly with regard to hybrid plans, offers very little incentive to maintain a defined benefit plan in any form, and actually imposes significant disincentives. The key issues are detailed in ERIC's January 2011 comments on the Proposed & Final Regulations on Hybrid Plans, available at http://www.eric.org/forms/uploadFiles/268C90000002B.filename.ERIC_Comments_on_Hybrid_Regulations_%28Jan_12%2C_2011%29.pdf.

Overly burdensome regulations under the Patient Protection and Affordable Care Act ("ACA") and other laws affecting employee benefit plans can have similar adverse consequences. In light of the stakes, it is critical to evaluate costs and benefits carefully "and choose the least burdensome path."

PROCEDURE FOR EFFECTIVE REVIEW

ERIC recommends creating one or more stakeholder advisory groups such as the Information Reporting Program Advisory Committee ("IRPAC") to review regulations affecting employee benefit plans, and to discuss issues and proposed solutions with Treasury and IRS officials. Going forward, in order to achieve the objectives of E.O. 13536 in a sustainable way, the group(s) should meet regularly

(even after the current review is completed) to review regulations and their impact, and to maintain an open forum for discussing issues and proposed solutions with Treasury and IRS officials.

COMMENTS ON SPECIFIC REGULATIONS

With respect to specific regulations, our comments focus on four areas:

A. Electronic Disclosure;

B. Qualified Plans;

C. Group Health Benefits; and

D. Executive Compensation.

The comments provided below are not exhaustive. We reserve the right to submit additional comments in the future.

A. ELECTRONIC DISCLOSURE

Treas. Reg. § 1.401(a)-21 should be revised to allow electronic disclosure without affirmative consent.

Under Treas. Reg. § 1.401(a)-21, required disclosures may not be provided electronically without affirmative consent, unless the recipient "has the effective ability to access" the electronic disclosure. The regulation does not define "effective ability to access" and leaves open the possibility that affirmative consent is required for anyone who does not have access to the employer's electronic systems as an integral part of his or her duties.

It is unduly burdensome for large employers to obtain, store, and administer electronic consents for thousands of workers, retirees, alternate payees, and other individuals. Accordingly, the affirmative consent requirement makes full implementation of electronic disclosure impractical for large employers.

The requirements for electronic disclosure should be updated to reflect the fact that the vast majority of employees, retirees, and beneficiaries now have effective access to computers and e-mail; and people without effective access have grown accustomed to following simple instructions to request reasonable accommodations. The fact that this comment must be submitted electronically—without the option to file a paper comment—exemplifies the extent to which times have changed. Rather than require affirmative consent to electronic disclosure, it should be sufficient to provide advance notice that disclosures will be made electronically, with instructions (*e.g.*, a toll-free phone number) for requesting a paper disclosure.

On April 7th, the Department of Labor ("DOL") published a request for information on ways to make the conditions for electronic disclosure less burdensome. ERIC strongly supports this initiative and intends to respond to DOL's request. Treasury should work with DOL to ensure that the requirements under Treas. Reg. § 1.401(a)-21 are no less burdensome than the updated requirements under DOL's electronic disclosure regulation.

B. QUALIFIED PLANS

1. Allow employers to provide the required notice of benefit restrictions under Code § 436 a reasonable time *before* the restrictions become applicable.

ERISA § 101(j) states that an employer must notify participants of benefit restrictions related to a defined benefit plan's funding status within 30 days after the restrictions become applicable. The statute and Reorganization Plan No. 4 of 1978 authorize Treasury to issue regulations under ERISA § 101(j), including regulations that specify other times for providing the notice.

Many employers know in advance that the restrictions will apply, and wish to provide the § 101(j) notice in advance—when the information is most useful to affected participants. Regulations under ERISA § 101(j) should allow the notice to be provided at any time during a window that opens a reasonable time (*e.g.*, 90 days) before the restrictions become applicable and closes 30 days after the restrictions become applicable.

In addition, regulations under ERISA § 101(j) should clarify that the notice need not be provided to participants and beneficiaries who are not affected by the restrictions. In particular, regulations should codify the IRS's 2009 announcement regarding participants and beneficiaries who are not affected:

> The IRS has received questions as to how § 101(j) of ERISA would apply to participants and beneficiaries who are not directly or indirectly affected by the funding-based limitations. . . . We recognize that not having to provide notice to participants and beneficiaries to whom the limitation could have no application would reduce costs, administrative burdens and participant confusion. Accordingly, we agree that § 101(j) of ERISA does not require notice of a benefit restriction affecting the availability of lump sums to participants and beneficiaries in pay status who – without regard to any § 436 limitation – can no longer elect a lump sum payment. The IRS expects to provide for this in upcoming guidance on § 101(j) of ERISA.

Employee Plans News, Special Edition, Oct. 2009. The same principle should apply with respect to other restrictions that do not affect all participants and beneficiaries.

2. Revise the regulations under Code § 401(a)(9) to allow acceleration of payment after the payment start date.

Code § 401(a)(9) imposes minimum distribution requirements to limit the extent to which an individual may defer taxation of qualified plan benefits. Treas. Reg. § 1.409A-6, Q&A-13(b) & 14(c), restricts the ability to accelerate payment of benefits after the payment start date—even when acceleration results in distributions being completed ***faster*** than is required by Code § 401(a)(9).

We understand that certain restrictions might be necessary in order to prevent the use of increasing payments to circumvent the minimum distribution requirements. However, circumvention is not a concern when the initial form of payment complies with the requirements of Code § 401(a)(9). The regulations under Code § 401(a)(9) should be revised to avoid interfering with acceleration of a permissible payment schedule.

3. Provide more flexibility to reduce or eliminate burdensome optional forms of payment (Treas. Reg. § 1.411(d)-3).

Code § 411(d)(6)(B) (as amended by Section 645(b) of the Economic Growth and Tax Relief Reconciliation Act of 2001) requires Treasury to issue regulations allowing plan amendments that "reduce[] or eliminate[] benefits or subsidies which create significant burdens or complexities for the plan and plan participants, unless such amendment adversely affects the rights of any participant in a more than de minimis manner." In response to this directive, Treasury and the IRS issued regulations under Treas. Reg. § 1.411(d)-3. Among other things, the regulations allow amendments to eliminate certain "redundant," "noncore," and under-utilized optional forms. However, the requirements of the regulations make it difficult to achieve meaningful simplification of optional forms.

For example, the regulations require that an amendment eliminating a noncore optional form be adopted at least four years in advance. Treas. Reg. § 1.411(d)-3(d)(1)(ii). In addition, the "utilization test" in Treas. Reg. § 1.411(d)-3(f) is available only for noncore options that have not been elected by a single participant in the preceding two plan years.

In order to reduce unnecessary administrative burdens, the regulations should be revised to make it easier to eliminate non-subsidized optional forms that are not widely elected. For example, the requirement to adopt amendments four years in advance should be eliminated and the standard for under-utilization should not prohibit elimination of unpopular optional forms merely because they have been elected by a small number of participants.

4. Reduce the burden required to comply with the "relative value" regulations under Code § 417(a)(3).

Code § 417(a)(3)(A) requires that a plan provide a written explanation of:

> (i) [T]he terms and conditions of the qualified joint and survivor annuity and of the qualified optional survivor annuity,
>
> (ii) [T]he participant's right to make, and the effect of, an election . . . to waive the joint and survivor annuity form of benefit,
>
> (iii) [T]he rights of the participant's spouse [to consent to the election], and
>
> (iv) [T]he right to make, and the effect of, a revocation of an election [to waive the joint and survivor annuity form of benefit].

Treas. Reg. § 1.417(a)(3)-1 expands the statutory requirement by requiring detailed information about the other optional forms available to the participant, including a comparison of relative values.

The level of detail required by Treas. Reg. § 1.417(a)(3)-1 is a trap for the unwary and is of limited utility to participants, particularly where the plan offers a large number of optional forms of payment.

At a minimum, the regulations under Code § 417(a)(3) should not require detailed information with respect to optional forms that are rarely elected. The special rule in Treas. Reg. § 1.417(a)(3)-1(d)(1) (allowing less detail for optional forms that are "presently available" but not "generally available") should be expanded and clarified to cover optional forms that have not been selected in the last two years by a critical mass of participants. Also, the rule should be coordinated with the changes described above to Treas. Reg. § 1.411(d)-3: the relative value regulations should not require detailed disclosure with respect to optional forms that can be eliminated, and vice versa.

5. Reduce the level of detail required for notices under Code § 4980F and ERISA § 204(h), and allow use of interactive modeling tools.

Code § 4980F and ERISA § 204(h) require advance notice of pension plan amendments that "provide for a significant reduction in the rate of future benefit accrual." The notice must "be written in a manner calculated to be understood by the average plan participant and [must] provide sufficient information . . . to allow applicable individuals to understand the effect of the plan amendment." The statute authorizes Treasury to "provide a simplified form of notice for, or exempt from any

notice requirement," a plan that allows participants to choose between the old benefit formula and the new benefit formula. Code § 4980F(3)(2); ERISA § 204(h)(2).

The applicable regulations (Treas. Reg. § 54.4980F-1) require elaborate explanations and examples to show the effect of a plan amendment, and do not contemplate any exemptions or simplified forms. To the contrary, Q&A-12 requires more detail when a choice is offered than when a unilateral decision has been made.

For significant plan amendments that do not clearly cut one way or the other (*e.g.*, where the outcome depends on future service and compensation), complying with the regulations under Code § 4980F and ERISA § 204(h) requires detailed actuarial analysis of a wide range of fact scenarios. The resulting notice often costs tens of thousands of dollars to produce and runs more than 10 pages—filled with "what if" scenarios and a laundry list of assumptions that affect the usefulness of the information provided. For all this effort, the message to a participant who is patient enough to parse through the details is an unhelpful "you might be better off and you might be worse off; it depends on future events that are beyond your control."

The regulations should be revisited to allow more simple disclosure. At a minimum:

- The regulations should provide a simplified form (if not an exemption) for amendments that allow participants to choose between the old benefit formula and the new benefit formula; and

- The regulations should allow shorter notices that describe in simple terms the provisions that are changing. Where more detailed modeling is appropriate, it should be sufficient to refer participants to interactive modeling tools that they can use to try out relevant "what if" scenarios.

6. Update the service crediting and vesting regulations under Code §§ 410(a) and 411(a).

Most of the regulations under Code §§ 410(a) and 411(a) have not been updated since the 1980s and do not reflect changes made by the Retirement Equity Act of 1984 and subsequent legislation. Because the changes since that time have been significant, the regulations should be updated.

7. Provide more details on how to comply with administrative requirements after a mid-year plan merger or spinoff.

Large employers often combine (merge) or separate (spin off) qualified plans in connection with mergers and acquisitions. In many cases, it is feasible to make the plan mergers and spinoffs effective as of the first or last day of a plan year. However, in some cases it is not. Existing regulations should be updated to provide more guidance on how to satisfy applicable requirements when there is a merger or a spinoff in the middle of a plan year.

For example, existing regulations under Code § 401(k) and (m) include detailed requirements for satisfying the actual deferral percentage ("ADP") and actual contribution percentage ("ACP") tests. However, the regulations have very little guidance on running the tests when a merger occurs in the middle of a plan year. These issues were reserved for further guidance, *see* Treas. Reg. §§ 1.401(k)-5 & 1.401(m)-4, and should be addressed.

8. Clarify that in-service distributions under Code § 401(a)(36) may include early retirement subsidies.

Section 905 of the Pension Protection Act of 2006 added Code § 401(a)(36), which says that a qualified pension plan may allow in-service distributions to employees who have attained age 62. This rule was intended to help plan sponsors mitigate exposure to a "brain drain" by allowing employees to receive some or all of their retirement benefits while they are still working.

For example, suppose that a 62 year-old employee is eligible for a subsidized early retirement benefit. In order to avoid losing the value of the subsidy, the employee might be inclined to retire early—exposing his or her employer to a risk of "brain drain." Code § 401(a)(36) allows the employer to mitigate this exposure by letting the employee receive all or part of the early retirement benefit even though he or she continues working for the employer—perhaps under a phased retirement arrangement.

In Notice 2007-8, the IRS questioned whether Code § 401(a)(36) should be interpreted to allow in-service distributions of early retirement subsidies. In order to help plan sponsors mitigate exposure to a "brain drain," and to enable long-service, high-value employees to realize the full value of their benefits, regulations under Code § 401(a)(36) should allow (but not require) in-service distributions of early retirement subsidies.

9. Issue guidance confirming that a group trust may include assets of an ERISA § 1022(i)(1) plan.

Late in 2010, the IRS suggested that a trust qualified in Puerto Rico may not invest in group trusts on a tax-favored basis. As explained in ERIC's letter to Michael Julianelle, dated November 17, 2010, this position is inconsistent with ERISA § 1022(i)(1) and a series of private letter rulings issued over more than 10 years. *See, e.g.*, LTR 200336034 (Sept. 5, 2003); LTR 9621031 (Mar. 1, 1996); LTR 9243053 (July 30, 1992). Moreover, this position would unnecessarily limit the investment opportunities for Puerto Rican plans and increase the administrative costs for those plans—all to the detriment of plan participants. (ERIC's November 17th letter on this issue is available at http://www.eric.org/forms/uploadFiles/254AF0000000C.filename.ERIC_Comment--Puerto_Rican_Trust_taxation_111711.pdf.)

ERIC appreciates the IRS's holding in Rev. Rul. 2011-1 that ERISA § 1022(i)(1) plans may continue to invest in group trusts until further guidance is issued. For the reasons set forth in the November 17th letter, ERIC strongly encourages Treasury and the IRS to issue guidance allowing such investments to continue indefinitely.

C. GROUP HEALTH BENEFITS

1. Coordinate regulations affecting workplace wellness programs under Titles I and II of GINA.

Although the Treasury, DOL, and HHS, as well as the EEOC, have issued regulations applying the Health Insurance Portability and Accountability Act ("HIPAA") and Genetic Information Nondiscrimination Act ("GINA") to wellness programs, important issues remain unresolved. Employers are reluctant to invest additional time and money in developing their wellness programs until the issues are resolved.

Congress and the Administration have indicated support for workplace wellness programs. To make this support meaningful, regulations under GINA should be coordinated to make clear that family medical history provided voluntarily may be used to guide employees into disease management programs.

Workplace wellness programs improve employees' health outcomes in part because of their ability to identify individuals who would benefit from participation. The family medical history that an employee voluntarily provides ("voluntary medical history") plays an important part in the success of these programs. The EEOC's regulation interpreting Title II of GINA makes clear that an employer may use voluntary medical history to guide the employee into an appropriate disease management program, provided that program is also available to employees who do not provide genetic information.

However, the regulation under Title I (issued by Treasury, DOL, and HHS) suggests that a group health plan may not use voluntary medical history to guide employees into appropriate disease management programs, and may not offer employees incentives to participate in the programs unless the employees "seek" admission to the programs on their own initiative. The regulation suggests that a group health plan may do no more than publicize the disease management program to all participants and hope that the individuals who might benefit identify themselves, recognize on their own the importance of the program to their continued health, and apply for admission.

Experience has shown that without the encouragement of a health professional, many participants who would benefit from participation in a disease management program will never enroll. Accordingly, the position taken in the Title I regulation is not only unnecessary, it is potentially damaging to the health of plan

participants. ERIC believes that the rule stated in the Title II regulation is correct. Treasury should make clear that a plan will not be deemed to collect genetic information for "underwriting purposes" merely because it uses family medical history as one basis to identify participants who might benefit from a disease management or similar voluntary program.

This issue is discussed in more detail in ERIC's March 8, 2011, comments, available at http://www.eric.org/forms/uploadFiles/279E600000233.filename.Wellness_Letter_Agencies030811.pdf.

2. Change the regulations under Title I of GINA to allow financial incentives to complete health risk assessments that request family medical history.

Congress addressed the status of wellness incentives in ACA. The statute makes clear that a wellness program will not discriminate on the basis of health factors merely because it offers an incentive equal to 30 percent of the cost of coverage (or up to 50 percent in the discretion of the Treasury, DOL, and HHS). This significant increase in the level of permitted incentives is a clear acknowledgment of the valuable role that incentives play in encouraging employees and their families to work toward achieving their wellness goals.

Under the GINA Title I regulation, however, Treasury (along with DOL and HHS) has taken the position that an employer is prohibited from offering ***any*** financial incentive for an employee to provide genetic information, including family medical history. ERIC strongly disagrees with this interpretation of Title I of GINA.

We believe that Treasury's interpretation will undermine the effectiveness of health risk assessments, deprive workers and their families of a valuable tool for improving their health, and contribute to health care cost inflation. Treasury should reconsider its interpretation of Title I and allow employers to give a financial incentive to workers and their families to complete a health risk assessment that requests family medical history.

These concerns are also discussed in ERIC's March 8, 2011, comments, available at http://www.eric.org/forms/uploadFiles/279E600000233.filename.Wellness_Letter_Agencies030811.pdf.

3. Coordinate the ACA preventive services regulation with the MHPAEA regulations, so that a plan does not become subject to the MHPAEA merely because it provides benefits required by the preventive services regulation.

Under ACA, non-grandfathered group health plans must provide preventive benefits for evidence-based items and services in three categories. One of these

categories is preventive benefits that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force (the "Task Force"). Some of the benefits that have this rating would likely be considered mental health or substance use disorder benefits under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (the "MHPAEA"). For example, counseling for alcohol abuse is on the Task Force list and is generally subject to the MHPAEA's parity requirements.

The statutory provisions amended by the MHPAEA state that they do not require group health plans to offer mental health or substance use disorder benefits. However, if a plan provides these benefits, limitations imposed on the mental health or substance use disorder benefits may not be more restrictive than the predominant treatment limitation applied to substantially all medical and surgical benefits in the same classification. Compliance with these parity requirements is a significant and costly administrative burden and often requires a substantial redesign of the plan.

The MHPAEA expressly allows plan sponsors to avoid this burden by choosing not to provide mental health or substance use disorder benefits. If providing benefits required by the preventive services regulation were to trigger the MHPAEA parity requirements, the MHPAEA's voluntariness standard would be meaningless. Nothing in ACA suggests that Congress intended this result.

Accordingly, Treasury regulations should clarify that a plan will not become subject to the parity requirements of MHPAEA merely because it provides a mental health or substance use disorder benefit required by the preventive services regulation. This exclusion would implement Congress's intent not to force employers to provide benefits that will be subject to the parity requirements.

4. Press the U.S. Preventive Services Task Force to accept representatives from the employer benefits community as members, and give group health plans a voice in delineating preventive care mandates.

As noted above, ACA requires non-grandfathered group health plans to provide preventive benefits for evidence-based items or services in three categories. One of these categories is preventive benefits that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force (the "Task Force").

The Task Force consists mainly of health care providers and other professionals concerned with the delivery of health care. The Task Force does not include representatives of the employer group health plans that must cover these services. ERIC has nominated four individuals who have significant expertise with employer-provided benefits to serve on this Task Force. We urge Treasury to assist in the effort to ensure that individuals with employer expertise are in fact able to play a formal role on this Task Force. The failure to include representatives of employer group health plans on the Task Force will raise credibility issues with regard to future decisions based on the Task Force considerations.

Representatives of group health plans are entitled to and should have a voice in the process for (a) identifying new items and services that must be covered as "recommended preventive services" and (b) determining when items and services should be removed from the mandated coverage list on an ongoing basis. These representatives would translate the provider recommendations into terms that plan sponsors understand with respect to the precise benefits that must be offered. In addition, the employer plan representatives have insights into participant behavior and plan administrative issues that would be helpful to the providers as they develop the preventive care recommendations.

We strongly believe that there should be plan sponsor representation on the Task Force. Plan sponsors are the administrators and payors of the health benefits, and have a responsibility for communicating the benefits clearly to plan participants. Not including them in this process begs for repair.

5. Alleviate the burdens of the "strict adherence" and "culturally and linguistically appropriate" rules for health plan claims and appeals.

The strict adherence standard: The interim final regulations on claims and appeals state that if a plan fails to ***strictly*** adhere to ***all*** requirements of the internal claims and appeals process, the claimant is deemed to have exhausted his or her right to internal review. Treas. Reg. § 54.9815-2719T(b)(2)(ii)(F); 29 C.F.R. § 2590.715-2719(b)(2)(ii)(F); 45 C.F.R. § 147.136(b)(2)(ii)(F). In this circumstance, the claimant may proceed straight to external review or to court, regardless of whether the plan administrator has substantially complied with the internal claims and appeals procedure, and regardless of the magnitude of the error. If the claimant chooses to bypass further review and proceed straight to court, the regulations direct the court to give no deference to the plan administrator's decision and to assume instead that the claim has been denied on review "without the exercise of discretion by an appropriate fiduciary." This direction is contrary to well-settled law and substantially undermines the internal claims and appeals process and sound administration of a plan.

Treasury, DOL, and HHS should strike the "strict compliance" rule and leave it out of future regulations. In addition to exceeding the statutory mandate, the standards imposed by the interim final regulations are so demanding that even the most diligent plans will have trouble complying (*e.g.*, it is almost impossible to avoid occasional inconsequential errors, such as typographical errors). Such a high bar would be similarly inappropriate for rules in other areas affecting employee benefits.

Moreover, a strict adherence standard violates nearly all of the guiding principles set forth in the Executive Order and sound regulatory practice. Such a standard does not represent the "least burdensome path," reduce costs, or promote certainty; and it certainly does not maintain freedom of choice or flexibility for plan sponsors.

Treasury (along with DOL and HHS) should instead establish a compliance standard that is reasonable, and under which the consequences of a violation are appropriate to the transgression. A severe penalty should never be applied if no one has been harmed. Severe penalties (such as the $100/day excise tax) should apply only if there has been a material violation of the rule or a participant's rights have been significantly compromised by a plan's disregard for the regulation.

The "culturally or linguistically appropriate" standard: The interim final regulation requires plans to provide relevant notices in a culturally or linguistically appropriate manner if at least a threshold number of participants are literate only in the same non-English language. For plans with 100 or more participants, the threshold is the lesser of 500 participants or 10 percent of participants. If the applicable threshold is met, the plan must:

- Include a statement in the English versions of all notices offering to provide the notice in the non-English language;

- Provide the notice in the non-English language upon request by any claimant and automatically provide any subsequent notices to that claimant in the non-English language; and

- To the extent that the plan provides customer assistance, provide this assistance in the non-English language.

These requirements will impose extraordinary costs and administrative burdens on group health plans. The cost and burdens will generally far exceed the benefits they will confer on non-English-speaking participants. In some cases, the requirements will have the unintended effect of reducing the services available to all participants. At a minimum, this standard does not follow the least burdensome path to inform non-English-speaking plan participants of their benefit rights, nor does it maintain freedom of choice or flexibility. Moreover, translating complex information that is communicated under standards that demand precision will inevitably result in a loss of accuracy. Confusion resulting from concepts being lost in translation will further offset the intended benefit.

These requirements should be changed to achieve a better balance between the needs of plan participants and the costs and practical realities of plan administration. First, the threshold tests should be changed to make them more understandable and workable. Second, plans should not be required to issue individualized benefit notices in non-English languages. Third, Treasury should eliminate the requirement to provide customer assistance in non-English languages. A good-faith effort to communicate in simple English should qualify as "linguistically appropriate."

Any future regulations incorporating a "culturally or linguistically appropriate" standard should also follow these suggested modifications.

These concerns are discussed in more detail in ERIC's September 21, 2010, comments on the claims and appeals procedures, available at http://www.eric.org/forms/uploadFiles/23E6F00000003.filename.ERICComments_ClaimsAppeals092110.pdf.

6. Revise the "excepted benefit" rules under Code § 9831 to cover all limited-scope dental, vision, long-term care, and similar benefits that meet the statutory standard of not being an integral part of a group health plan.

Under Code § 9831(c)(1) (and under 29 U.S.C. § 1191a(c)(1) and 42 U.S.C. § 300gg-21(c)(1)), certain group health plan requirements (including portability, mental health parity rules, and market reforms added by ACA) do not apply to limited scope dental, vision, long-term care, and similar benefits if the benefits:

> (A) [A]re provided under a separate policy, certificate, or contract of insurance; or
>
> (B) [A]re otherwise not an integral part of the plan.

Regulations interpreting the meaning of "integral part of the plan" were issued by Treasury, DOL, and HHS in 2004, long before Congress passed ACA. Those regulations state that:

> [B]enefits are not an integral part of a group health plan . . . only if the following two requirements are satisfied:
>
> (A) Participants must have the right to elect not to receive coverage for the benefits; and
>
> (B) If a participant elects to receive coverage for the benefits, the participant must pay an additional premium or contribution for the coverage.

Treas. Reg. § 54.9831-1(c)(3)(ii); 29 C.F.R. § 2590.732(c)(3)(ii); 45 C.F.R § 146.145(c)(3)(ii).

The opt-out and additional premium requirements are an appropriate safe harbor for establishing that the excepted benefits are not integral to a group health plan. However, the existing regulations fail to accommodate other circumstances under which the lack of integration is equally clear.

For example, suppose that a collective bargaining agreement requires an employer to pay the full cost of limited scope dental benefits, without regard to whether the employee elects to participate in a separate group health plan. In other words, coverage under the dental plan is automatic, but employees have a right to decline coverage under the group health plan and employees who elect coverage

under the group health plan must pay an additional premium for the coverage. Under these facts, the line between the dental plan and the group health plan is as clear as if the regulatory requirements were satisfied. Moreover, Treasury, DOL, and HHS have made clear that the dental plan in this example will not be treated as an integral part of the group health plan if employees are charged even a nominal premium for electing dental coverage. FAQs About the Affordable Care Act Implementation Part II, Q&A-6, http://www.dol.gov/ebsa/faqs/faq-aca2.html (October 8, 2010).

Neither the statute nor sound policies justify the outcome turning on whether the employer charges a nominal fee (*e.g.*, $0.01) for the coverage. In order to be consistent with the statute, the regulations under Code § 9831(c)(1) (and the corresponding regulations under 29 U.S.C. § 1191a(c)(1) and 42 U.S.C. § 300gg-21(c)(1)) should be revised to make clear that the "excepted benefits" exception covers arrangements like the one described above, where the facts and circumstances indicate that the excepted benefit is not an integral part of the group health plan.

7. Revise the COBRA regulations on asset sales (Treas. Reg. § 54.4980B-9) to require the seller to retain COBRA liabilities for its employees, unless (a) the transaction documents provide otherwise or (b) the seller's intent to discontinue its group health plans is known at the time of the transaction.

Under Treas. Reg. § 54.4980B-9, Q&A-8, if the seller of assets retains COBRA liabilities for its employees but subsequently stops providing group health benefits, the buyer is required to provide COBRA coverage to certain former employees of the seller. In other words, regardless of what the transaction documents say, the existing regulation requires the buyer of a company's assets to act as a guarantor of COBRA rights for employees who never worked for the buyer.

This rule is inconsistent with the accepted principle that a buyer of assets assumes only the liabilities that it purchases. In practice, if the seller's intent is known at the time of the transaction, the buyer's obligation under the regulation can be priced into the deal. However, if the seller's intent is not known (or the seller intends to maintain a group health plan), the potential liability is impossible to factor into the cost of the transaction.

The regulations should be revised to require a seller of assets to retain COBRA liabilities, unless (a) the transaction documents provide that the liabilities are to be transferred or (b) the buyer knows (or reasonably should know) at the time of the transaction that the seller will cease to provide group health coverage.

8. Except in rare and unusual circumstances, regulations should initially be published only in proposed form, not as interim final regulations. Further, regulations should be effective on a prospective basis only, and the effective date should be no earlier than a year after they are published in final form.

All employers, and large employers in particular, face a number of significant administrative and practical challenges as they modify their plans to comply with new rules and regulations. In some cases, employers may face an excise tax of $100 per day for each covered individual until the plan may be brought into compliance.

Complying with new rules and regulations affecting employee plans is an inordinately difficult and time-consuming process involving strategic design issues, payroll and benefits systems modifications, administrative procedures overhaul, and significant and fundamental communications challenges. Many of these necessary modifications cannot be addressed before others have been put in place. In the case of large plans, significant changes require many months to implement in an efficient and effective fashion.

In recognition of these difficulties, regulations should always be initially issued in proposed form, so that Treasury may realize the benefit of public comment—particularly from those entities that will bear the burden of implementing (and paying the cost of) the new rules. Treasury should also provide a reasonable period of time for plans to come into compliance with new rules and regulations and to comply with final versions of, or changes to, previously proposed regulations.

At a minimum, any rule that is more restrictive than under prior guidance (or the lack thereof) should be effective no earlier than the first plan year that begins at least 12 months after the interpretation is published in final form (after a period for public comment). For any period before the new rule becomes effective, Treasury should make clear that good-faith compliance with the statute and prior guidance is sufficient. In accordance with E.O. 13563, such an approach would most effectively balance regulatory goals with the burdens imposed on those who provide the benefits.

D. EXECUTIVE COMPENSATION

1. Revise the regulations under Code § 409A to address practical concerns—particularly with respect to benefits payable upon death, disability, or an involuntary separation from service.

The regulations under Code § 409A reflect diligent efforts to address a large number of comments and accommodate common arrangements that were brought to the drafters' attention. However, arbitrary lines that were drawn to accommodate specific arrangements have resulted in extremely complex rules that are often counter-intuitive. Now that the regulations have been in place for several years,

Treasury and the IRS should solicit input from stakeholders on practical problems that have arisen and revise the regulations to offer practical solutions.

The following are examples of practical problems that should be addressed:

- ***Payment of death benefits.*** Under the regulations, the payment terms for amounts payable upon death may vary based on when the participant's death occurs. However, the regulations do not expressly allow the payment terms to vary based on (a) the identity of the beneficiary, even if the beneficiary is the participant's estate, or (b) when the plan administrator finds out that the participant has died. This inflexibility has forced settled estates to remain open for the sole purpose of collecting non-qualified death benefits. In addition, beneficiaries have been exposed to the risk of significant adverse tax consequences as a result of an innocent delay in notifying the plan administrator of the participant's death—including, for example, a delay caused by not knowing that the plan in question existed, let alone how to apply for benefits.

  In each case, a reasonable amount of flexibility would not interfere with the principles of the statute. For example, the regulations should allow plans to provide for accelerated payment of death benefits when the recipient is a participant's estate or other entity; and the regulations should allow a reasonable delay (*e.g.*, up to two years) in paying death benefits if the payments are made within a reasonable time after the plan administrator is notified of the participant's death. Any concern about circumvention of the § 409A requirements (*e.g.*, by intentionally waiting to notify the plan administrator of the participant's death) should be addressed by imposing reasonable limits on the permitted amount of delay (*e.g.*, no more than two years) and/or an anti-abuse rule.

- ***Separation from service due to disability.*** The regulations allow a plan to provide for special payment terms if the payment trigger is a disability. If the payment trigger is a separation from service, the plan may provide for alternative payment terms under each of the following circumstances:

  i. Separation from service within two years after a change of control;

  ii. Separation from service before or after a specified date; and

  iii. Separation from service under any other circumstance.

  However, the regulations do not expressly allow special payment terms in the event of a separation due to disability. We are not aware of any principle that justifies allowing (a) special payment terms when the payment trigger is disability and (b) three alternative payment schedules

when the trigger is separation from service, but not allowing special payment terms for a separation due to disability. Moreover, the complexity has likely resulted in many innocent drafting and operational errors. The regulations should be revised to better accommodate the common practice of allowing special payment terms in the event of a separation due to disability.

- ***Payment contingent on executing, and not revoking, a release.*** Severance benefits are often conditioned on the departing employee executing, and not revoking, a release. In most cases, the release is executed before, or soon after, the employee separates from service. However, in some cases, it is not practical to expect such a quick turnaround; nor is it practical to complicate an acrimonious departure by imposing a deadline for executing the release. Yet, the Section 409A regulations restrict the ability to tie the payment date(s) for severance pay to when the release is executed.

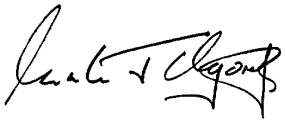
  This problem has resulted in numerous unintentional drafting errors and necessitated a burdensome correction procedure under Notice 2010-6. The regulations should be revised to allow the payment date(s) for severance pay to be tied to when the release is executed. Again, any concern about circumvention of the Code § 409A requirements (*e.g.*, by intentionally delaying execution of the release) should be addressed by imposing reasonable limits on the permitted amount of delay (*e.g.*, no more than 12 months) and/or an anti-abuse rule.

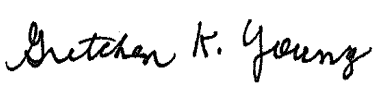
2. Allow for correction of harmless errors in elections under Code § 83(b).

Code § 83(b) allows the recipient of restricted stock or other restricted property to include the value of the property (less any amount paid for the property) in income for the taxable year in which the property is transferred, rather than waiting until the property rights cease to be subject to a substantial risk of forfeiture or become vested. The regulations under Code § 83(b) (Treas. Reg. § 1.83-2) impose exacting requirements for making the election. The regulations should be revised to accommodate any election that substantially complies with the requirements of Treas. Reg. § 1.83-2, provided that the election is made by the 30-day deadline set forth in Code § 83(b)(2) and the facts and circumstances reflect an intent to make a § 83(b) election. If it is not feasible to codify a substantial compliance standard, the IRS should at least allow well-intentioned taxpayers to correct harmless errors in a § 83(b) election.

ERIC appreciates the opportunity to provide comments on the retrospective review of Treasury's regulations. If you have any questions concerning our comments, or if we can be of further assistance, please let us know.

Sincerely,





Mark J. Ugoretz
President & CEO

Kathryn A. Ricard
Senior Vice President
Retirement Policy

Gretchen K. Young
Senior Vice President
Health Policy

2011

Expanded Reporting and Disclosure Requirements Calendar

Single-Employer Pension and Welfare Plans Under ERISA

Table of Contents

NOTE: Throughout, "DB" represents defined benefit plans, "DC" represents defined contribution plans, and "HW" represents health and welfare plans.

TOWERS WATSON

Reporting Requirements

Item	Description	Recipient	Due Date	Forms	Law/Regulation
IRS Form 1099-R (DB/DC)	Report of distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.	IRS and payees	1/31/2011 payees; 2/28/2011 (3/31/2011 if filed electronically) IRS; additional 30 days to file with IRS if extension requested	File with transmittal IRS Form 1096, if filing on paper	IRC Sec. 6047(d), IRS Reg. 35.3405-1T, E-9
	Method of Delivery	If required to file 250 or more Form 1099-Rs, file electronically. Otherwise, Form 1099-R may be filed on paper. Timely mailing is treated as timely filing as evidenced by U.S. postmark, registered mail receipt or date recorded by private delivery service.			
	Who Must File or Disclose	Plan administrator or, if the plan administrator does not make the required reports, the payor.			
Estimated Flat-Rate Premium Filing (DB)	Estimated flat-rate premium payment for DB plans with 500 or more participants. The 2011 flat-rate premium is $35 per participant.	PBGC	2/28/2011		ERISA Sec. 4006 and 4007, PBGC Reg. 4006 and 4007
	Method of Delivery	Electronic filing using My Plan Administration Account (My PAA). My PAA is a PBGC-designed web-based filing program.			
	Who Must File or Disclose	Plan administrators of DB plans			
PBGC Reporting for Underfunded Plans (DB)	Annual reporting of financial and actuarial information	PBGC	4/15/2011. If all nonexempt controlled group members have the same non-calendar fiscal year, 105 days after close of fiscal year	No prescribed form	ERISA Sec. 4010, PBGC Reg. 4010, PBGC Technical Update 09-2
	Method of Delivery	Electronic filing using the PBGC e-4010 web-based application			
	Who Must File or Disclose	The contributing sponsor of a DB plan and members of the contributing sponsor's controlled group if any plan in the controlled group has a funding percentage below 80%. Reporting is also required if (1) the conditions for imposition of a lien for having missed required quarterly plan contributions in excess of $1 million have been met by any plan maintained by the contributing sponsor or any member of its controlled group, or (2) minimum funding waivers in excess of $1 million have been granted for any plan maintained by the contributing sponsor or any member of its controlled group, and any portion thereof is still outstanding. Reporting is waived for a controlled group if the aggregate plan underfunding does not exceed $15 million (disregarding those plans with no underfunding); however, the waiver does not apply if reporting is required for any reason other than having a funding percentage below 80%.			
IRS Form 5558 (DB/DC/HW)	Application for extension of time to file Form 5500. Extension up to 10/17/2011. Not required if filer uses automatic extension to 9/15/11; i.e., plan year and employer tax year are the same and the employer was granted extension for income tax return.	IRS	8/1/2011	IRS Form 5558	DOL Reg. 2520.104a-5(a)(2)
	Method of Delivery	Paper filing. Timely mailing is treated as timely filing as evidenced by U.S. postmark, registered mail receipt or date recorded by private delivery service.			
	Who Must File or Disclose	Form 5558 does not require a signature and may be filed by the plan sponsor, the plan administrator or a third party acting on behalf of the plan. If Form 5558 is filed on time and is complete, the extension is automatic.			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
Form 5500 (including applicable schedules and attachments) (DB/DC/HW)	Annual return/report of employee benefit plan	DOL, IRS and the PBGC. DOL created EFAST2 to streamline the filing and processing methods for Form 5500.	8/1/2011 (9/15/2011 if automatic extension applies); 10/17/2011 if Form 5558 is filed	Form 5500 Annual Return/ Report of Employee Benefit Plan; Form 5500-SF Annual Return/Report of Small Employee Benefit Plan; Schedule A–Insurance Information; Schedule C–Service Provider Information; Schedule D–DFE/Participating Plan Information; Schedule G–Financial Transaction Schedules; Schedule H–Financial Information; Schedule I–Financial Information–Small Plan; Schedule MB–Multiemployer DB Plan and Certain Money Purchase Plan Actuarial Information; Schedule R–Retirement Plan Information; Schedule SB–Single-Employer DB Plan Actuarial Information; Independent Accountant's Report	ERISA Sec. 103, ERISA Sec. 104, PBGC Reg. 4065, IRC Sec. 6058, DOL Sec. 2520.104-46(b)
	Method of Delivery	Form 5500 Annual Returns/Reports and any required schedules and attachments, must be completed and filed electronically using EFAST2-approved third-party software or using iFile.			
	Who Must File or Disclose	Plan administrators of DB and DC plans, welfare benefit plans and plans that participate in a master trust must sign and file Form 5500. Unfunded and fully insured welfare plans with fewer than 100 participants are not required to file Form 5500. Governmental plans and church plans that have not elected ERISA coverage under Section 414(e) of the Internal Revenue Code also do not file Form 5500. An alternative filing method for nonqualified pension plans is described in DOL Reg. 2520.104-23.			
IRS Form 8955-SSA (Replaces Schedule SSA (Form 5500)) (DB/DC)	Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits	IRS	Plan administrators are not required to file Form 8955-SSA for the 2009 plan year until the IRS issues further instructions.	IRS Form 8995-SSA	IRC Sec. 6057(a)
	Method of Delivery	Paper filing. Timely mailing is treated as timely filing as evidenced by U.S. postmark, registered mail receipt or date recorded by private delivery service.			
	Who Must File or Disclose	Plan administrators of DB and DC plans			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
Comprehensive PBGC Premium Filing (DB)	A comprehensive premium filing is used to report flat-rate premium and related data, variable-rate premium and related data, and additional data such as identifying information and miscellaneous plan-related or filing-related data. For large plans (500 or more participants), the comprehensive premium filing also serves to reconcile an estimated flat-rate premium paid earlier in the year. The 2011 flat-rate premium is $35 per participant. The variable-rate premium is based on plan liabilities. Premium payments are a plan liability and may be paid from plan assets.	PBGC	10/17/2011 (plans with 100 or more participants); variable-rate premium can be an estimate with a true-up by 4/30/2012 if certain conditions are met; 4/30/2012 if fewer than 100 participants	Prescribed electronic format	ERISA Sec. 4006 and 4007, PBGC Reg. 4006 and 4007
	Method of Delivery	Electronic filing using My Plan Administration Account (My PAA). My PAA is a PBGC-designed web-based filing program.			
	Who Must File or Disclose	Plan administrators of DB plans			
Reportable Events (DB)	Statement of facts related to the reportable event, and plan and actuarial information. Reportable events include: (a) 20% reduction in active participants since beginning of year or 25% reduction since beginning of previous year; (b) inability to pay plan benefits when due; (c) changes in contributing sponsor or plan's controlled group; (d) distributions to a substantial owner of $10,000 or more; (e) bankruptcy, insolvency, liquidation or dissolution of contributing sponsor or controlled group member; (f) failure to make required minimum funding payment; (g) application for a minimum funding waiver; (h) transfer of benefit liabilities outside controlled groups; (i) extraordinary dividend or stock redemption by controlled group member; and (j) default by controlled group member on loan balance exceeding $10 million.	PBGC	Post-event reporting is required within 30 days after plan administrator or contributing sponsor knows, or has reason to know, that a reportable event has taken place. Waivers or extensions are available for certain post-event notices if conditions specified in regulations are satisfied. Advance reporting is required at least 30 days before the effective date of certain reportable events.	PBGC Form 10, PBGC Form 10-Advance	ERISA Sec. 4043, PBGC Reg. 4043; PBGC Technical Update 10-4
	Method of Delivery	By mail, hand delivery, commercial delivery service or electronic filing (e.g., e-mail or fax). Timely mailing is treated as timely filing of post-event notice, as evidenced by (1) a legible U.S. postmark or (2) timely deposit with a commercial delivery service, provided it is received by the PBGC within two regular business days. Advance notices are filed on the date received by the PBGC, if received no later than 4:00 p.m. on a regular business day. File by next business day if due date falls on a Saturday, Sunday or federal holiday.			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Who Must File or Disclose	The plan administrators and each contributing sponsor of an employee DB pension plan subject to the plan termination insurance provisions of ERISA for which a reportable event has occurred. A filing by the plan administrator or contributing sponsor will be deemed a filing by all persons required to notify the PBGC. Generally, a company is subject to advance reporting if (1) neither the contributing sponsor nor the member of the controlled group to which the event relates is a public company, and (2) a "threshold test" is met, (3) in the aggregate, unfunded vested benefits (UVBs) of plans maintained by the controlled group exceed $50 million (disregarding plans with no UVBs), and (4) the aggregate funded vested benefit percentage (i.e., the ratio of assets to vested benefits) for underfunded plans is less than 90%. UVBs and vested benefits are calculated as of the testing date (generally the last day of the plan year preceding the event year).				
Notice of Failure to Make Required Contributions of More Than $1 Million (DB)	Information needed by the PBGC to make decisions regarding enforcement of a lien imposed by ERISA in favor of the plan for failure to make certain required contributions. The lien does not arise, and the PBGC is not required to be notified, if the total of unpaid balances (including interest and funding waivers) does not exceed $1 million.	PBGC	No later than 10 days after the due date of the required payment. Notice is still required if missed contribution is made within the 10-day period.	PBGC Form 200	ERISA Sec. 303(k), IRC Sec. 430(k), PBGC Reg. 4043.81
	Method of Delivery	By mail, commercial delivery service, hand delivery or electronic transmission (e.g., e-mail or fax). Form 200 is treated as filed when received by the PBGC.			
	Who Must File or Disclose	The contributing sponsor and, if the contributing sponsor is a member of a parent-subsidiary controlled group, the ultimate parent. If either the contributing sponsor or the ultimate parent completes and submits Form 200, the PBGC will consider the notice requirement satisfied.			
Plan Merger, Consolidation, or Transfer of Assets or Liabilities (DB)	Actuarial Statement and information concerning the merger, consolidation or transfer	IRS	At least 30 days before the merger, consolidation or transfer of assets or liabilities	Form 5310-A	IRC Sec. 6058(b), IRS Reg. 301.6058-1
	Method of Delivery	By mail or designated private delivery service. Timely mailing is treated as timely filing.			
	Who Must File or Disclose	The plan sponsor or plan administrator of a pension or profit-sharing plan involved in a merger or transfer of plan assets or liabilities. See instructions to Form 5310-A for exceptions to the reporting requirement for mergers, consolidations or transfers of plan assets or liabilities.			
Notice of Qualified Separate Line of Business (QSLOB) (DB/DC)	Notice that employer elects to be treated as operating Qualified Separate Line of Business (QSLOB) or that it either modifies or revokes a previously filed notice	IRS	Notice of QSLOB election, modification or revocation must be given on or before the notification date. The notification date for a testing year is the later of (a) Oct. 15 following the testing year, or (b) the 15th day of the close of the plan year of the employer's plan that begins earliest in the testing year. The testing year is the calendar year.	Form 5310-A	IRS Rev. Proc. 93-40
	Method of Delivery	By mail or designated private delivery service. Timely mailing is treated as timely filing.			
	Who Must File or Disclose	Employers electing to be treated as operating QSLOBs. Only one notice per controlled group employer (within the meaning of Code Section 414(b), (c) or (m)) is required.			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
Change in Plan/Trust Year (DB/DC)	Information on the plan or trust year change. Filing must be in duplicate. Certain changes in plan/trust year are granted automatic approval under Rev. Proc. 87-27.	IRS	On or before the last day of the short-year period to effect change in plan or trust year	Form 5308	IRC Sec. 412(d)(1), IRC Sec. 442, Rev. Proc. 87-27
	Method of Delivery	By mail			
	Who Must File or Disclose	The employer of a DB, money purchase or target benefit pension plan that intends to change its plan year and the employer of any qualified pension (DB or DC) plan that intends to change its trust year			
Change in Funding Method (DB)	Changing a plan's funding method requires IRS approval. For plan years beginning on or after 1/1/2009, IRS Ann. 2010-3 grants automatic approval for certain changes in funding method with respect to single-employer DB plans that result either from a change in the valuation software used to determine the liabilities for such plans or from a change in the enrolled actuary and the business organization providing actuarial services to the plan.	IRS	Change request should be filed with the IRS before the close of the plan year to which it applies. However, requests made within 2½ months after the close of the plan year will generally be considered, at the discretion of the IRS, if the filer attaches a statement detailing an adequate reason for the delay. Requests made after 2½ months after the close of the plan year generally will not be considered. However, a request for approval of a change in funding method involving a plan merger should be made no later than 4 months before the filing deadline for Schedule SB (Actuarial Information) of Form 5500 (of the merged plan) for the plan year in which the merger took place.	No form prescribed. Rev. Proc. 2000-41 outlines the information that needs to accompany the request, including applicable worksheets setting forth the effect of the proposed change.	IRC Sec. 412(d)(1), IRS Rev. Proc. 2000-40 (note: Rev. Proc. 2000-40 has not been updated for PPA '06), IRS Announcement 2010-3
	Method of Delivery	By mail or hand delivery to IRS national office			
	Who Must File or Disclose	The plan administrator or plan sponsor of a DB pension plan that intends to change the plan's funding method			
Notice of Withdrawal of a Substantial Employer (Multiple Employer Plans) (DB)	Notification of withdrawal and request for determination of associated liability	PBGC	Within 60 days after withdrawal from plan	No form prescribed	ERISA Sec. 4063(a)
	Method of Delivery	By mail, hand delivery, commercial delivery service or electronic filing (e.g., e-mail or fax). Timely mailing is treated as timely filing, as evidenced by (1) a legible U.S. Postal Service postmark, or (2) timely deposit with a commercial delivery service, or (3) the date on which the information is transmitted electronically to the PBGC, provided there is no reason to believe the information was not delivered.			
	Who Must File or Disclose	Plan administrators of DB pension plans if at least two contributing sponsors are not under common control			
Notification of Application for Recognition of Exempt Status	Information on plan terms and benefits. Trusts of voluntary employees' benefit associations (VEBAs) and SUB plans will not be recognized as tax-exempt by the IRS unless the required notification is given.	IRS	15 months from the end of the month in which the organization or trust was organized	Form 1024	IRC Sec. 505(c), IRS Reg. 1.505(c)-1T, IRS Reg.301.9100-2

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Method of Delivery	By mail or private delivery service			
	Who Must File or Disclose	Used by most types of organizations (other than qualified retirement plans) to apply for exemption under IRC Section 501(a)			
Annual Report for MEWAs and Certain Entities Claiming Exception (ECEs) (HW)	Information concerning compliance by multiple employer welfare arrangements (MEWAs) with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Mental Health Parity Act of 1996, the Newborns' and Mothers' Health Protection Act of 1996 and the Women's Health and Cancer Rights Act of 1998	DOL	March 1 (or next business day) following each calendar reporting year. One-time, 60-day automatic extension available. Also, within 90 days of origination, unless an exception applies	Form M-1	ERISA Sec. 101(g), DOL Reg. 2520.101-2
	Method of Delivery	By mail or private delivery service. Online electronic filing available at www.askebsa.dol.gov/mewa			
	Who Must File or Disclose	Administrators of MEWAs and Entities Claiming Exception (ECEs). A MEWA is a welfare benefit plan or arrangement that provides medical benefits to the employees of two or more employers. An ECE is an arrangement that claims not to be a MEWA because it is collectively bargained. Certain exemptions are available.			

Disclosure Requirements

DB Plan Annual Funding Notice	Summary of plan's funded status for the plan year and two previous plan years, participant counts, plan's funding policy and asset allocation information, and schedule of plan amendments and other known events having a material effect on funded status. Also, a summary of ERISA plan termination procedures and PBGC guarantee limits, information about obtaining a copy of plan's annual report, and notice of an ERISA Section 4010 filing (if any)	Plan participants, beneficiaries, and labor organizations representing plan participants and beneficiaries. PBGC if underfunded by more than $50 million	4/30/2011. Small plans (100 or fewer participants on each day during the plan year preceding the plan year to which the notice relates) must provide the notice by the filing date for the plan's Form 5500. If Form 5500 is not filed in a timely manner, the annual funding notice is still due on the Form 5500 due date (including extensions).	Specified format described in DOL Field Assistance Bulletin (FAB) 2009-1 or DOL Prop. Reg. 2510.101-5, Appendix A, provide model forms. (Either format may be used.)	ERISA Sec. 101(f); DOL FAB 2009-1, DOL Prop. Reg. 2510.101-5
	Method of Delivery	Any method reasonably calculated to ensure actual receipt and likely to result in full distribution. Includes hand delivery and first-class mail. The funding notice may be furnished electronically in accordance with the DOL safe harbor rules on electronic communications or the IRS E-sign rules.			
	Who Must File or Disclose	Plan administrators of DB plans subject to Title IV of ERISA			
Summary Annual Report (SAR) (DC/HW)	Summary information on plan's financial activities as reported on Form 5500 Annual Report and statement of right to receive copy of Form 5500 Annual Report. Certain foreign language rules apply to large plans in which the lesser of 500 or 10% or more of all participants are literate only in the same non-English foreign language, and to small plans that cover fewer than 100 participants at the beginning of the plan year in which at least 25% of plan participants are literate only in the same non-English foreign language.	Each participant covered under the plan and each beneficiary receiving benefits under a DC plan. Includes participants who terminated employment with the employer during or after the end of the reporting year	9/30/2011 or two months after Form 5500 is due, if later	Specified format described in DOL Reg. 2510.104b-10. See also Appendix to DOL Reg. 2510.104-46 for enhanced model notice SAR disclosures for small DC plans (fewer than 100 participants) that do not attach an independent accountant's report.	ERISA Sec. 104(b)(3), DOL Reg. 2520.104b-1, DOL Reg. 2520.104b-10, DOL Reg. 2520.104-46(b)

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Method of Delivery	Any method reasonably calculated to ensure actual receipt and likely to result in full distribution. Includes hand delivery and first-class mail. Sending by second- or third-class mail or use of a special insert in an employee newsletter or other periodical is also acceptable if certain other requirements are met. Electronic distribution is permitted if the requirements of DOL Reg. 2520.104b-1(c) are satisfied.			
	Who Must File or Disclose	Plan administrators of DC plans and welfare benefit plans that file Form 5500. DB plans covered by Title IV of ERISA are exempt from the SAR requirement.			
Summary Description of Material Modification of Plan (SMM) (DB/DC/HW)	Description of any material modification to the plan in 2010 and any change in the information required to be included in the SPD.	Automatically and upon request to each plan participant and to each beneficiary receiving benefits under a pension plan. DOL upon request. Participants and beneficiaries may choose to request the SMM from the DOL, which will then make the request to the plan administrator on their behalf.	7/29/2011	No specified format	ERISA Sec. 104(a)(6), DOL Reg. 2520.104a-8, DOL Reg. 2520.104b-1, DOL Reg. 2520.104b-3
	Method of Delivery	Any method reasonably calculated to ensure actual receipt and likely to result in full distribution. Includes hand delivery and first-class mail. Sending by second- or third-class mail or use of a special insert in an employee newsletter or other periodical is also acceptable if certain other requirements are met. Electronic distribution is permitted if the requirements of DOL Reg. 2520.104b-1(c) are satisfied. By certified mail to DOL			
	Who Must File or Disclose	Plan administrators of employee pension and welfare benefit plans. Top-hat plans using the alternative to the annual reporting method are exempt.			
Summary Plan Description (SPD) (DB/DC/HW)	Summary of plan provisions, identification of funding media and summary of rights. The SPD must be written in a manner calculated to be understood by the average plan participant and must be sufficiently comprehensive to apprise the plan's participants and beneficiaries of their rights and obligations under the plan. Certain foreign language rules apply to large plans in which the lesser of 500 or 10% or more of all participants are literate only in the same non-English foreign language, and to small plans that cover fewer than 100 participants at the beginning of the plan year in which 25% or more of all plan participants are literate only in the same non-English foreign language. The SPD (including related summaries of material modifications (or SMMs)) must accurately reflect the plan as of no more than 120 days prior to the SPD's release. The SPD must be updated every 5 years if changes are made to SPD information or plan is amended; 10 years in any event.	Automatically and upon request to each participant covered under the plan and to each beneficiary receiving benefits under a pension plan. DOL upon request. Participants and beneficiaries may request the SPD directly from the DOL, which will then make the request for them.	New plans — automatically within 120 days after effective date or date of adoption of plan, whichever is later; new participants — automatically within 90 days of eligibility; covered participants and beneficiaries — within 30 days of request; DOL — within 30 days of request	No specified format	ERISA Sec. 102, ERISA Sec. 104(a)(6), ERISA Sec. 104(b)(1), (2) and (4), ERISA Sec. 104(c), DOL Reg. 2520.102, DOL Reg. 2520.104a-8, DOL Reg. 2520.104b-1, DOL Reg. 2520.104b-2

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Method of Delivery	Any method reasonably calculated to ensure actual receipt and likely to result in full distribution. Includes hand delivery and first-class mail. Sending by second- or third-class mail or use of a special insert in an employee newsletter or other periodical is also acceptable if certain other requirements are met. Electronic distribution is permitted if the requirements of DOL Reg. 2520.104b-1(c) are satisfied. By certified mail to DOL			
	Who Must File or Disclose	Plan administrators of employee pension (DB and DC) and welfare benefit plans. Top-hat plans using the alternative annual reporting method are exempt.			
Periodic Benefit Statements (DC)	Individual benefit statement showing the value of each investment to which the participant's or beneficiary's account assets are allocated (determined as of the most recent valuation date under the plan), including the value of any assets held in employer securities (without regard to whether such securities were acquired by the individual or contributed by the employer). Quarterly statements must also include an explanation of any limitations or restrictions on the participant's (or beneficiary's) right to direct an investment; an explanation of the importance of a well-balanced and diversified investment portfolio, including a statement of the risk that holding more than 20% of a portfolio in the security of one entity (such as employer securities) may not achieve adequate diversification; and a notice directing the participant or beneficiary to DOL's website for additional information on individual investing and diversification.	Automatically to plan participants and beneficiaries and upon written request from same	At least once each calendar-year quarter to participants and beneficiaries who have the right to direct investments, and annually to those who do not. The statement must be provided within 45 days of the end of the calendar quarter. The deadline for furnishing benefit statements under DC plans that do not provide for directed investments is the filing date of the Form 5500 for the plan year to which the statement relates. (DOL FAB 2007-3). When furnished upon request, disclosure once every 12 months	The Pension Protection Act (PPA) of 2006 directs the DOL to issue a model statement. DOL FAB 2006-3 provides model statement of investment principles for plans with participant-directed accounts.	ERISA Sec. 105, ERISA Sec. 209, DOL FABs 2006-3 and 2007-3
	Method of Delivery	By written document to last known address or through an electronic medium (e.g., e-mail, website). There are two methods by which a plan may provide an electronic statement. The consumer consent method (described in IRS Reg. 1.401(a)-21) requires consent to electronic delivery in lieu of paper, and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Plan administrators of individual account (DC) plans			
Periodic Benefit Statements (DB)	Individual statement of accrued and vested pension amounts (or the earliest date on which benefits will become vested) and an explanation of any permitted disparity or floor offset arrangement applied in determining the participant's accrued benefit	Vested participants who are employed by the employer when the statement is furnished, and to other plan participants and beneficiaries on written request	DB plans generally are required to furnish participants a pension benefit statement at least once every 3 years. The first pension benefit statement is due for the 2009 plan year, provided the plan does not elect to comply with the alternative notice provision. The plan may satisfy the alternative notice requirement for DB plans if the administrator provides notice of the availability of the pension benefit statement and how to obtain it at least once a year, and furnishes the required notification by Dec. 31 of each calendar year.	The PPA directs the DOL to issue a model statement.	ERISA Sec. 105, ERISA Sec. 209, DOL FAB 2006-3

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Method of Delivery	By written document to last known address or through an electronic medium (e.g., e-mail, website). There are two methods by which a plan may provide an electronic notice. The consumer consent method requires consent to electronic delivery in lieu of paper, and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Plan administrators of DB plans			
401(k)/(m) Safe Harbor Notice (DC)	Notice of eligible employee's rights and obligations under a 401(k) safe harbor plan. The notice must be sufficiently accurate and comprehensive to apprise employees of their rights and obligations under the plan, and written in a manner calculated to be understood by the average eligible plan participant. Content prescribed in IRS Reg. 1.401(k)-3(d). For plan years beginning after 12/31/2006, a safe harbor notice must include a description of the plan's withdrawal and vesting provisions applicable to contributions under the plan. Merely cross-referencing the relevant portions of an SPD is not sufficient. A plan satisfies the notice requirement for the 401(m) matching contribution safe harbor if it provides the 401(k) safe harbor notice.	Eligible employees	At least 30 days and no more than 90 days before the beginning of each plan year. If an employee becomes eligible after the 90th day before the beginning of the plan year, no more than 90 days before his/her eligibility date and no later than the eligibility date. Notices delivered outside of the 90-/30-day window may satisfy the notice requirement if given within a reasonable period of time before the beginning of the plan year (or the date the employee becomes eligible) based on all facts and circumstances.	No form prescribed	IRC Sec. 401(k)(12)(D), IRS Sec. 401(k)(13)(E)(ii), IRS Reg. 1.401(k)-3(d), IRS Reg. 1.401(m)-3(e); IRS Reg. 1.401(a)-21
	Method of Delivery	By written document or through an electronic medium (e.g., e-mail, website or automated telephone system) reasonably accessible to the distributee. There are two methods by which a plan may provide an electronic notice. The consumer consent method requires consent to electronic delivery in lieu of paper, and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Plan administrators of plans intending to satisfy the IRC Section 401(k)(12) or IRC Section 401(m)(11) design-based safe harbor methods for satisfying the annual ADP and ACP nondiscrimination tests			
Notice of Automatic Contribution Arrangement (DC)	Notice of the participant's rights and obligations under a plan's eligible automatic contribution arrangement. Such rights must include the participant's right not to have elective contributions made on his/her behalf, to elect to have such contributions made at a different percentage and to elect out of the arrangement before the first elective contribution is made. The notice must also provide an explanation of how the contributions will be invested in the absence of any investment election by the participant.	Each participant to whom the arrangement will apply in the upcoming plan year	At least 30 days and no more than 90 days before the beginning of each plan year. If an employee becomes eligible after the 90th day before the beginning of the plan year, no more than 90 days before the employee becomes eligible. If it is not practical to give advance notice (e.g., because the employee is eligible immediately upon hire), notice may be given before the first paydate for the payroll period that includes the employee's eligibility date. Notice of an automatic contribution arrangement may be combined with notice of a plan's Qualified Default Investment Alternative (QDIA).	Sample notice available. The sample notice is for a hypothetical qualified automatic contribution arrangement that permits eligible automatic contribution arrangement withdrawals and has certain other characteristics. A plan administrator will have to modify the sample notice to the extent a plan's form and operations differ from the hypothetical plan.	ERISA Sec. 514(e)(3), FAB 2008-3; IRC 401(k)(13)(E), IRC 414(w)(4)

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Method of Delivery	By written document to last known address or through an electronic medium (e.g., e-mail, website). There are two methods by which a plan may provide an electronic statement. The consumer consent method (described in IRS Reg. 1.401(a)-21) requires consent to electronic delivery in lieu of paper, and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Plan administrators of automatic contribution arrangement under DC plans			
Notice of Qualified Default Investment Alternative (QDIA) (DC)	Initial notice must include a description of the circumstances under which assets may be invested on behalf of the participant or beneficiary in a QDIA; an explanation of participants' or beneficiaries' rights to direct the investment of assets in their individual accounts; and a description of participants' and beneficiaries' right to direct the investment of assets in a QDIA to any other investment alternative under the plan. Initial notice must also include a description of any applicable restrictions, fees or expenses in connection with the transfer; and an explanation of where participants and beneficiaries may obtain information about alternative investments. Annual notice must contain explanation of participants' or beneficiaries' rights under the plan to designate how to invest contributions and earnings, and how contributions and earnings will be invested if the participant or beneficiary makes no such election.	Participants, alternate payees and beneficiaries of deceased participants who are eligible to make investment elections under the plan	Initial notice — at least 30 days in advance of (A) the date of plan eligibility, or any first investment in a QDIA on behalf of the participant or beneficiary; or (B) on or before the date of plan eligibility, provided the participant has the opportunity to make a permissible withdrawal under an automatic contribution arrangement. Annual notice — at least 30 days before the beginning of the plan year	Sample notice is available.	ERISA Sec. 404(c)(5), Reg. Sec. 2550.404c-5(c)(3), FAB 2008-3
	Method of Delivery	By written document to last known address or through an electronic medium (e.g., e-mail, website). There are two methods by which a plan may provide an electronic notice. The consumer consent method requires consent to electronic delivery in lieu of paper and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Plan administrators of DC plans that elect coverage under ERISA Section 404(c), which limits a plan fiduciary's liability with respect to participant-directed investments			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
Notice of Rights Concerning Employer Securities (DC)	Notice of right to diversify investments in employer stock, statement of the importance of diversifying retirement account assets and plan contact information	Participants, alternate payees and beneficiaries of deceased participants with an interest in elective deferrals and/or employee contributions (after-tax or rollover) under the plan. Also, participants (and their alternate payees) who have completed at least 3 years of service, and beneficiaries of deceased participants who have an interest in other employer contributions under the plan.	Not later than 30 days before the first date on which the individuals are eligible to exercise their diversification rights	Model Notice in IRS Notice 2006-107	ERISA 101(m), IRS Notice 2006-107
	Method of Delivery	Written, electronic or other appropriate form to the extent such form is reasonably accessible to the recipient			
	Who Must File or Disclose	Plan administrators of DC plans holding publicly traded employer securities. Stand-alone employee stock ownership plans (ESOPs) that are not subject to IRS Section 401(k) or (m) are exempt.			
Rollover Notice (DB/DC)	Notice of the right to elect a direct rollover and that automatic distribution by direct rollover applies to certain distributions; the required withholding of tax on eligible rollover distributions not rolled over; the differences between rollover contributions to traditional IRAs and qualified rollover contributions to Roth IRAs; the taxpayer eligibility (modified gross income and tax filing status) requirements that apply to qualified rollover contributions to Roth IRAs; and the related tax and withholding consequences of each, as well as certain other tax rules	Participants, alternate payees and beneficiaries who are eligible to receive distributions that are eligible rollover distributions	At least 30 and no more than 180 days before distribution is made. However, the distributee may waive the 30-day period provided the plan administrator clearly informs the distributee of his/her right to consider whether or not to elect a direct rollover for at least 30 days. Alternatively, distribute notice more than 180 days before distribution (e.g., in SPD) and provide distributee with summary notice during the 180-/30-day period (subject to the rules for the distributee's waiver of the 30-day period). A summary notice must set forth the principal provisions of the Section 402(f) notice, must refer the distributee to the most recent version of the Section 402(f) notice, and must advise the distributee that, upon request, a copy of the Section 402(f) notice will be provided without charge.	Model notices in IRS Notice 2009-68 for (1) Section 401(k) plans with Roth accounts and (2) all other plans. Section 401(k) plans with Roth accounts may satisfy 402(f) by distributing both model notices in Notice 2009-68 to recipients of eligible rollover distributions in Roth accounts.	IRC Sec. 402(f), IRS Reg. 1.402(f)-1, Notice 2009-68, IRC Sec. 1.408-6, IRS Reg. 1.401(a)-21
	Method of Delivery	By written document to last known address or through an electronic medium (e.g., e-mail, website). There are two methods by which a plan may provide an electronic notice. The consumer consent method requires consent to electronic delivery in lieu of paper, and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Plan administrators of DB and DC plans, 403(b) tax-sheltered annuities and governmental 457 plans			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
Explanation of Qualified Preretirement Survivor Benefit (DB/ Certain DC)	A general explanation of the qualified preretirement survivor annuity (QPSA), the circumstances under which it would be paid, the availability of the election of the QPSA and a description of the financial effect of electing the QPSA on the participant's benefit (i.e., an estimate of the reduction to the participant's estimated normal retirement benefit)	Participants with vested accrued benefits or account balances	During the period from the beginning of the plan year in which the employee attains age 32 to the end of the plan year in which the employee reaches age 34. Special rules apply for participants who commence participation after 32 or who separate from service prior to 35.	Sample language in IRS Notice 97-10. No form prescribed for disclosing financial effect of QPSA	ERISA Sec. 205(c), IRC Sec. 417(a)(3), IRS Reg. 1.417(a)(3)-1, IRS Reg. 1.401(a)-20, IRS Reg. 1.401(a)-21
	Method of Delivery	Personal delivery, first-class mail or electronically by such time as to reasonably ensure receipt within the applicable time period. There are two methods by which a plan may provide an electronic notice. The consumer consent method requires consent to electronic delivery in lieu of paper, and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Plan administrators of DB and DC plans. Profit-sharing plans, Section 401(k) profit-sharing plans and stock bonus plans (including ESOPs) that do not pay annuities and pay 100% of the vested account balance to the surviving spouse are exempt from QPSA requirements.			
Explanation of Qualified Joint and Survivor Annuity (QJSA), Financial Effect and Relative Values of Optional Forms of Payment (DB/Certain DC)	Terms and conditions of joint and survivor annuity, right to waive, right to revoke waiver, spousal consent conditions, financial effect and relative values of optional forms of payment	Participants with vested accrued benefits or account balances	No less than 30 days and no more than 180 days before the annuity starting date. Alternatively, no less than 7 days before distribution date if conditions set forth in IRS Reg. 1.417(e)-1 are satisfied. The QJSA notice must be provided before the annuity starting date, except that a DB plan may provide for a retroactive annuity starting date in accordance with IRS Reg. 1.417(e)-1.	Sample language in IRS Notice 97-10. The sample language has not been updated for disclosure of financial effect and relative values of optional forms of benefit.	ERISA Sec. 205(c), IRC Sec. 417(a), IRS Reg. 1.417(a)(3)-1, IRS Reg. 1.401(a)-20, IRS Reg. 1.417(e)-1, IRS Reg. 1.401(a)-21
	Method of Delivery	Personal delivery, first-class mail, or electronically by such time as to reasonably ensure receipt within the applicable time period. There are two methods by which a plan may provide an electronic notice. The consumer consent method requires consent to electronic delivery in lieu of paper, and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Plan administrators of DB and DC plans. Profit-sharing plans, Section 401(k) profit-sharing plans and stock bonus plans (including ESOPs) that do not pay annuities and pay 100% of the vested account balance to the surviving spouse are exempt from QJSA and relative value disclosures.			
Individual Deferred Vested Pension Statement (DB/DC)	Amount of deferred vested benefit, and notice of any benefits that are forfeitable if the participant dies before a certain date	Deferred vested terminated participants	Generally the due date including extensions for the annual report for the year following the year of employment termination	No form prescribed	ERISA Sec. 105(c), IRC Sec. 6057, IRS Reg. 301.6057-1
	Method of Delivery	Regulations provide that the statement is to be delivered to the participant or forwarded to the participant's last known address. Electronically if the safe harbor conditions of DOL Reg. 2520.104b-1(c)(1) or IRS Reg. 1.401(a)-21 are satisfied			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Who Must File or Disclose	Plan administrators of employee pension (DB and DC) plans			
Notice of Receipt of Domestic Relations Order (DB/DC)	Notification of receipt of domestic relations order and the plan procedures for determining the qualified status of the order. Notification is also required when the qualified status of the order is determined.	The participant and alternate payee(s)	Participants and alternate payee(s) are to be notified promptly upon receipt of the domestic relations order (including the plan's procedures for determining the qualified status of the order). Notice of the determination of the order's qualified status must be given within a reasonable period after the order is received.	No form prescribed	ERISA Sec. 206(d)(3), IRC Sec. 414(p)(6)(A)
	Method of Delivery	By mail to the address included in the domestic relations order			
	Who Must File or Disclose	Plan administrators of DB and DC plans			
Notice of Suspension of Benefits (DC)	Explanation of why benefit payments are being suspended upon reemployment or continued employment after reaching normal retirement age, description of plan provisions relating to suspension of payment, and claims procedure for affording a review of the suspension of benefits. Content prescribed by regulations.	Participants who commenced receiving benefit payments that are suspended because of reemployment or whose benefit payments are suspended because of continued employment after normal retirement age	During first calendar month or payroll period in which the plan suspends benefits on account of reemployment or continued employment beyond normal retirement age	No form prescribed	DOL Reg. 2530.203-3
	Method of Delivery	Personal delivery or first-class mail. Electronic distribution is permitted if the requirements of DOL Reg. 2520.104b-1(c) are satisfied.			
	Who Must File or Disclose	Plan administrators of DB pension plans that provide for suspension of benefits			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
Notice of Significant Reduction in Rate of Future Benefit Accrual (DB)	Notice of plan amendment providing for a significant reduction in the rate of future benefit accruals (including a plan freeze), or the elimination or significant reduction in an early retirement benefit or retirement-type subsidy. If a plan amendment offers a choice between a new benefit formula and an old benefit formula, the notice must provide information sufficient to enable an informed choice. The notice must be written in a manner calculated to be understood by the average plan participant and must provide sufficient information to allow recipients to understand the magnitude of the reduction. Notice under ERISA Section 101(j) for amendments restricting benefits in accordance with IRC Section 436 will satisfy both the timing and content requirements for a Section 204(h) notice to plan participants.	Participants whose rate of future benefit accrual is reasonably expected to be significantly reduced by the amendment. Also, alternate payees under a Qualified Domestic Relations Order	Generally, at least 45 days before the effective date of the plan amendment. The 45-day advance notice period is shortened to 15 days for amendments adopted in connection with business mergers and acquisitions, and for amendments of small plans. If an amendment is adopted in connection with a merger or acquisition involving plan transfers or mergers, and the amendment affects only an early retirement benefit or retirement-type subsidy (but does not reduce the rate of future benefit accrual), notice must be provided no later than 30 days after the effective date of the amendment. If a plan amendment offers a choice between a new benefit formula and an old benefit formula, the general timing rules apply, except that additional information sufficient to enable an informed choice must be provided within a period that is reasonably contemporaneous with the date by which an individual is required to choose.	No form prescribed	ERISA Sec. 204(h), IRC 4980F, IRS Reg. 54. 4980F-1, IRS Notice 2007-6 (relating to cash balance plans)
	Method of Delivery	Measures that result in actual receipt or measures reasonably calculated to ensure actual receipt, including first-class mail or hand delivery. Electronic methods (other than oral communications or recordings of oral communications) are acceptable if certain conditions are satisfied. The 204(h) notice may be enclosed with or combined with other notice(s) provided by the employer or the plan administrator. Notice is deemed to be provided on a date if it has been provided by the end of that date. When notice is delivered by first-class mail, the notice is considered provided as of the U.S. postmark date. There are two methods by which a plan may provide an electronic notice. The consumer consent method requires consent to electronic delivery in lieu of paper and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.				
	Who Must File or Disclose	Plan administrators of DB, money purchase and target benefit plans			
Notice of Right to Defer a Distribution and Notice of Consequences of Failing to Defer (DB/DC)	The amount payable under the normal form upon immediate commencement and at the later of age 62 or normal retirement age without regard to marital status (provided the benefit is available without regard to marital status). Also, an explanation of any plan provisions (and provisions of any health or accident plan maintained by the employer) that could reasonably be expected to materially affect a participant's decision whether to defer receipt of the distribution and a description of specified federal tax implications of failing to defer	Participants with vested accrued benefits who are younger than the later of age 62 or the plan's normal retirement age on the annuity starting date	No less than 30 days and no more than 180 days before the annuity starting date	No prescribed form. The required information regarding the consequences of failing to defer receipt of a distribution must appear together (e.g., in a list of consequences of failing to defer). Alternatively, a cross-reference to where the required information may be found in notices or other information provided or made available to the participant; a statement of how the referenced information may be obtained without charge; and an explanation of why the referenced information is relevant to a decision whether to defer	ERISA Sec. 203(e), IRC Sec. 411(a)(11), Prop. Reg. 1.411(a)–11, IRS Reg. 1.401(a)-21

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Method of Delivery	Personal delivery, first-class mail or electronically by such time as to reasonably ensure receipt within the applicable time period. There are two methods by which a plan may provide an electronic notice. The consumer consent method requires consent to electronic delivery in lieu of paper, and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Plan administrators			
Notice of Substantial Cessation of Operations at a Facility (DB)	Information regarding the cessation of operations at a facility in any location and its effect on the plan. Required only when more than 20% of active employee participants under a plan are separated from employment as a result of the cessation of operations	PBGC	Within 60 days after cessation of operations	Proposed form	ERISA Sec. 4062(e); Prop. Reg. 4062.1
	Method of Delivery	By mail, hand delivery, commercial delivery service or electronic filing (e.g., e-mail or fax). Timely mailing is treated as timely filing, as evidenced by (1) a legible U.S. Postal Service postmark, or (2) timely deposit with a commercial delivery service, or (3) the date on which the information is transmitted electronically to the PBGC, provided there is no reason to believe the information was not delivered.			
	Who Must File or Disclose	Plan administrators of DB pension plans			
Notice of Failure to Meet Minimum Funding Standards (DB/DC)	Notice of failure to make an installment payment to meet the minimum funding standard within 60 days following the due date for such payment, or the minimum funding residual payment by its due date	Participants, beneficiaries and alternate payees under Qualified Domestic Relations Orders	Notice to be made within a reasonable period of time after the failure and in such manner as DOL may prescribe. Notice is not required if a funding waiver is requested in a timely manner; if waiver is denied, notice must be provided within 60 days after the denial.	No form prescribed	ERISA Sec. 101(d)
	Method of Delivery	No methods prescribed			
	Who Must File or Disclose	The sponsor of a single-employer DB or money purchase pension plan that fails to make a minimum funding installment payment within 60 days following the due date, or the minimum funding residual payment by its due date			
Notice of Funding-Based Limitation on Plan Distributions (DB)	Written notice of (1) funding-based distribution limitations on shutdown benefits and other unpredictable contingent-event benefits, (2) funding-based limitations on accelerated benefit distributions, and/or (3) limitation on benefit accruals for plans with severe funding shortfalls. The notice required under ERISA Section 101(j) for plan amendments restricting benefits in accordance with IRC Section 436 will satisfy both the timing and content requirements for a Section 204(h) notice.	Plan participants and beneficiaries	Within 30 days after the plan becomes subject to (1) funding-based distribution limitations on shutdown benefits and other unpredictable contingent-event benefits and/or (2) funding-based limitations on accelerated benefit distributions. Within 30 days after the valuation date for the plan year for which the plan's funding target attainment percentage is less than 60%	No form prescribed	ERISA Sec. 101(j)
	Method of Delivery	Written, electronic or other appropriate form to the extent such form is reasonably accessible to persons to whom the notice is required to be provided			
	Who Must File or Disclose	Plan administrator of DB plan subject to applicable restrictions			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
Notice of Transfer of Excess Pension Assets to Health Benefits Accounts (DB)	Plan and financial information concerning transfer of excess DB pension assets to retiree health benefit accounts	Plan administrator provides notice to participants and beneficiaries of plan transferring assets. Sponsor of transferring pension plan provides notice to DOL, plan administrator and employee organizations representing plan participants.	No later than 60 days before date of transfer. The employer notice also must be available for inspection at the principal office of the administrator.	No form prescribed	ERISA Sec. 101(e), ERISA Tech Rel. 91-1
	Method of Delivery	Notice to DOL by mail, hand delivery or commercial delivery service. Notice to other parties by any method reasonably calculated to ensure actual receipt and likely to result in full distribution. Electronic distribution to participants and beneficiaries is permitted if the requirements of DOL Reg. 2520.104b-1(c) are met.			
	Who Must File or Disclose	Plan administrators of DB pension plans that intend to transfer excess DB pension assets to retiree health benefit accounts			
Notice of Determination Letter Request (DB/DC)	Relevant information concerning plan requesting determination letter and rights to comment on plan	Generally, all current employees eligible to participate in plan and collective bargaining representatives of present employees. In a terminating plan, present employees with accrued benefits, former employees with vested benefits and beneficiaries of deceased former employees currently receiving benefits	Not less than 10 days nor more than 24 days prior to the date the application for a determination is made	Sample notice in Rev. Proc. 2011-6	IRC Sec. 7476, IRS Reg. 1.7476-1, IRS Reg. 1.7476-2, IRS Reg. 601.201(o)

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Method of Delivery	Any method or combination of methods reasonably calculated to ensure that each interested party is notified of the application for a determination, including by mail, hand delivery or posting. Delivery through an electronic medium (e.g., e-mail, website or automated telephone system) reasonably accessible to the distributee is acceptable. There are two methods by which a plan may provide an electronic notice. The consumer consent method requires consent to electronic delivery in lieu of paper and disclosures that outline the scope of the consent, the right to withdraw consent, and other terms and conditions, including hardware and software requirements. The alternative method requires that the recipient be effectively able to access the electronic medium used to provide the notice (e.g., employer website). In addition, the recipient must be advised of the right to request a paper notice at no charge.			
	Who Must File or Disclose	Used by plan sponsors of DB and DC plans to request an advance determination of a plan's qualified status under IRC Section 410(a). Governmental plans are exempt from the notice requirement.			
Notice of Request for Waiver of Minimum Funding Standards (DB/Certain DC)	Notice of filing of application of waiver and extent to which plan is funded for benefits that are guaranteed by the PBGC (i.e., statement of present value of vested benefits; present value of benefits, calculated as though the plan terminated; and fair market value of plan assets)	Participants, beneficiaries of deceased participants, alternate payees and employee organizations representing employees covered by the application	Within 14 days prior to the date of application	Model notice in IRS Rev. Proc. 2004-15	ERISA Sec. 303(e), IRC Sec. 412(f)(4), Rev. Proc. 94-41
	Method of Delivery	By mail or hand delivery to last known address, or electronically			
	Who Must File or Disclose	The sponsor of a pension (DB, money purchase or target benefit) plan that intends to apply for a variance from the minimum funding standard			
Notice of Substantial Employer Status (Multiple Employer Plans) (DB)	Notification of substantial employer status	Substantial employers. An employer is a substantial employer if its required contributions to the plan for each plan year constituting either (a) one of the two immediately preceding plan years, or (b) the first two of the three immediately preceding plan years, totaled 10% or more of the plan's required contributions.	Within 6 months after the close of each plan year	No form prescribed	ERISA Sec. 4066
	Method of Delivery	By mail, hand delivery, commercial delivery service or electronic filing (e.g., e-mail or fax)			
	Who Must File or Disclose	Plan administrators of DB pension plans if at least two contributing sponsors are not under common control			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
Investment Blackout Notice (DC)	Advance notice of any blackout period during which the ability of participants and beneficiaries to direct or diversify assets credited to their accounts or to obtain plan loans or distributions will be temporarily restricted. In addition to the reasons for the blackout period and a description of the participants' and beneficiaries' rights otherwise available under the plan during the blackout period, the notice must indicate the expected duration of the blackout period by reference to: (1) the expected beginning and ending date of the blackout period, or (2) the calendar week during which the blackout period is expected to begin and end, provided that during such weeks information as to whether the blackout period has begun or ended is readily available, without charge, to affected participants and beneficiaries, and the notice describes how to access such information.	All participants and beneficiaries whose rights under the plan will be temporarily restricted, and issuers of employer securities subject to the blackout period	Not more than 60 days and not less than 30 days before commencement of the blackout period. The 30-day advance notice requirement does not apply when (1) deferring the blackout period for 30 days after giving the notice would result in a violation of ERISA's fiduciary standards (e.g., if the plan fiduciary immediately suspends investment in employer stock because the employer has filed for bankruptcy); (2) when the events causing the blackout were unforeseeable or beyond the control of the plan administrator, and a plan fiduciary reasonably so determines in writing; or (3) when the blackout is a result of a merger, acquisition, divestiture or similar transaction.	Model Notice in DOL Reg. 2520.101-3(e)	ERISA Sec. 101(i), DOL Reg. 2520.101-3
	Method of Delivery	Any method reasonably calculated to ensure actual receipt and likely to result in full distribution. Includes hand delivery and first-class mail. Sending by second- or third-class mail or use of a special insert in an employee newsletter or other periodical is also acceptable if certain other requirements are met. Electronic distribution is permitted if the requirements of DOL Reg. 2520.104b-1(c) are satisfied.			
	Who Must File or Disclose	Plan administrators of DC plans			
Notice of Intent to Terminate (DB)	Written notice of intent to terminate, the proposed termination date, a statement concerning the cessation of accruals under the plan and other information. In a standard termination, additional information concerning insurer identification, the legal effect of the termination and state guaranty coverage information	Affected parties, i.e., participants, beneficiaries of deceased participants, alternate payees under Qualified Domestic Relations Orders, current employee organizations and, for any group of employees not currently represented by an employee organization, the employee organization, if any, that last represented the group within the 5-year period preceding issuance of the Notice of Intent to Terminate (NOIT) and, in a distress termination, the PBGC	At least 60 days and no more than 90 days before the proposed termination date. Notice of insurer selection may be provided in a supplemental notice no later than 45 days before the date of distribution.	Model notices in PBGC standard termination package (PBGC Form 500 and instructions) and PBGC distress termination package (PBGC Form 600)	ERISA Sec. 4041(a), PBGC Reg. 4041.23, PBGC Reg. 4041.27, PBGC Reg. 4041.43
	Method of Delivery	By hand delivery, first-class mail or commercial delivery service to the affected party's last known address, or by electronic means (e.g., e-mail) if the safe harbor conditions of PBGC Reg. 4000.14 are met. The notice is deemed issued to an affected party on the date on which it is (1) handed to the affected party, (2) deposited in the mail, (3) deposited with a commercial delivery service or (4) transmitted electronically to the affected party, provided there is no reason to believe the notice was not delivered.			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
	Who Must File or Disclose	Plan administrators of DB pension plans subject to the plan termination insurance provisions of ERISA			
Notice of Commencement of Coverage Under COBRA Health Care Continuation (HW)	Notice of group health continuation coverage rights under COBRA. The updated model General Notice includes updated information on the premium reduction as well as information required in a COBRA election notice.	Generally, covered employees and covered spouses. If the employee and the spouse become covered at different times (e.g., the covered employee marries), a separate initial notice must be provided to the covered spouse, generally within 90 days after the coverage begins. Plans must provide the updated General Notice to all qualified beneficiaries (not just covered employees) who experienced a qualifying event between 9/1/2008 and 2/28/2010, regardless of the type of qualifying event, and who have not yet been provided an election notice. If an individual receives a Premium Assistance Extension Notice on a timely basis, he/she need not be provided an updated General Notice as well.	Within 90 days after commencement of coverage under a group health plan. An SPD containing initial COBRA Notice satisfies the requirement if it is delivered within the 90-day period.	Updated Model General Notice of COBRA Continuation Coverage Rights. The DOL has made the model notice available in modifiable, electronic form on its website: www.dol.gov/COBRA.	ERISA Sec. 606, IRC Sec. 4980B(f)(6), DOL Reg. 2590.606-1, 75 Fed. Reg. 2562 (1/15/2010)
	Method of Delivery	An initial or updated COBRA Notice is considered to be furnished by a plan administrator as of the date of mailing, if mailed by first-class mail, certified mail or express mail, or as of the date of electronic transmission, if transmitted electronically. Electronic transmission is permitted if the requirements of DOL Reg. 2520.104b-1(c) are met.			
	Who Must File or Disclose	Plan administrators of group health plans covering more than 20 employees during the prior calendar year. Does not apply to certain church-related organizations			

Item	Description	Recipient	Due Date	Forms	Law/Regulation
Notice of Qualifying Event Under COBRA (HW)	After an employee's death, termination of employment, reduction of hours, or Medicare entitlement, or the employer filing bankruptcy, the employer must notify the plan administrator of the qualifying event. The administrator must then notify the qualified beneficiary of the right to COBRA continued coverage.	Covered employee, plan administrator or qualified beneficiary as necessary	Employers must notify the plan administrator generally within 30 days of the event. (The time period varies depending on the type of qualifying event.) The administrator must notify the qualified beneficiary generally within 14 days of receipt of notification from the employer or qualified beneficiary of the qualifying event. If the employer is the plan administrator, notice to the qualified beneficiary must be provided not later than 44 days after the date of the qualifying event or, if a plan provides that COBRA coverage commences on the date of loss of coverage, not later than 44 days after the date on which coverage was lost due to a disqualifying event.		ERISA Sec. 606, IRC Sec. 4980B(f)(6), DOL Reg. 2590.606-2, -3 and -4
	Method of Delivery	First-class, certified or express mail to last known address. Also through electronic media if the requirements of DOL Reg. 2520.104b-1(c) are met. Timely sending is treated as timely issuance.			
	Who Must File or Disclose	Plan administrators of group health plans covering more than 20 employees during the prior calendar year. Does not include certain church-related organizations			
Notice of Women's Health and Cancer Rights Act of 1998 (HW)	Notice of benefits required under the Women's Health and Cancer Rights Act	Participants and beneficiaries	Upon enrollment and at least annually thereafter	No form prescribed	ERISA Sec. 713
	Method of Delivery	Notice must be in writing and prominently displayed in any literature or correspondence made available or distributed by the plan.			
	Who Must File or Disclose	Plan administrators of group health plans covering 2 or more employees on the first day of the plan year			
SPD Notice of Newborns' and Mothers' Health Protection Act (HW)	Statement of rights under the Newborns' and Mothers' Health Protection Act	Participants and beneficiaries, DOL upon request	Provide in SPD or SMM	Model statement in DOL Reg. Sec. 2520.102-3(u)	ERISA Sec. 711(d), ERISA Reg. 2590.711(d)
	Method of Delivery	Include in plan's SPD or SMM			
	Who Must File or Disclose	Plan administrators of group health plans covering 2 or more employees on the first day of the plan year			

Summary of Benefit Plan-Related Filing Forms

Form	Description
PBGC Form 1	Pension Benefit Guaranty Corporation Annual Premium Payment
PBGC Form 1-ES	Estimated Premium Payment
PBGC Form 10-Advance	Advance Notice of Reportable Events
PBGC Form 500	Standard Termination Notice Single-Employer Plan Termination
PBGC Form 600	Distress Termination Notice of Intent to Terminate
PBGC Form 602	Distress Termination Post-Distribution Certification
SEC Form 11-K	Annual Report of Employee Stock Purchase, Savings or Similar Plans
W-2	Wage and Tax Statement
W-4P	Withholding Certificate for Pension or Annuity Payments
941	Employer's Quarterly Federal Tax Return
945-A	Annual Record of Federal Tax Liability
1024	Application for Recognition of Exemption Under Section 501(a) of the Internal Revenue Code
1099-R	Statement of Recipients of Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
4461	Application for IRS Approval of Master or Prototype or Volume Submitter Defined Contribution Plan
4804	Transmittal of Information Returns Reported Magnetically/Electronically
5300	Application for IRS Determination for Employee Benefit Plan
5305-A	Traditional Individual Retirement Custodial Account Under Section 408 (a) of the Internal Revenue Code
5306	Application for IRS Approval of Prototype or Employer-Sponsored Individual Retirement Account
5308	Request for Change in Plan and/or Trust Year
5310	Application for IRS Determination Upon Termination
5329	Return for Additional Taxes Attributable to Qualified Plans (including IRAs)
5498	Individual Retirement Arrangement Information
5500-SF	Annual Return/Report of Small Employee Benefit Plan
6088	Distributable Benefits From Employee Pension Benefit Plans
8717	User Fee for Employee Plan Determination Letter Request
8955-SSA	Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Form	Description
PBGC Form 1-EZ	Pension Benefit Guaranty Corporation Annual Premium Payment for Single-Employer Plans Exempt From the Variable-Rate Premium
PBGC Form 10	Post-Event Notice of Reportable Events
PBGC Form 200	Notice of Failure to Make Required Contribution
PBGC Form 501	Post-Distribution Notice for Single-Employer Standard Terminations
PBGC Form 601	Distress Termination Notice for Single-Employer Plan Termination
SEC Form S-8	Registration Statement for Employee Stock Purchase, Savings or Similar Plans
SS-4	Application for Employer Identification Number
W-3	Transmittal of Wage and Tax Statement
W-4S	Request for Federal Income Tax Withholding From Sick Pay
945	Annual Return of Withheld Federal Income Tax
990	Return of Organization Exempt From Income Tax
1096	Annual Summary and Transmittal of U.S. Information Returns
4419	Application for Filing Information Returns Electronically
4461-A	Application for IRS Approval of Master or Prototype or Volume Submitter Defined Benefit Plan
4972	Tax on Lump Sum Distributions
5305	Individual Retirement Trust Account Under Section 408(a) of the Internal Revenue Code
5305-SEP	Simplified Employee Pension Plan Individual Retirement Accounts Contribution Agreement
5307	Short Form Application for IRS Determination for Adopters of Master or Prototype or Volume Submitter Plans
5309	Application for IRS Determination of Employee Stock Ownership Plan
5310-A	Notice of Merger, or Consolidation, Spin-off, or Transfer of Plan Assets or Liabilities; QSLOB Notice
5330	Return of Excise Taxes Related to Employee Benefit Plans (including failure to meet minimum funding requirements)
5500	Annual Return/Report of Employee Benefit Plan (Defined Benefit, Defined Contribution, Certain Welfare Plans and Certain Fringe Benefit Plans)
5558	Application for Extension of Time to File Certain Employee Plan Returns
6559	Transmitter Report and Summary of Magnetic Media
8718	User Fee for Exempt Organization Determination Letter Request

Calendar of Administrative Requirements for Plans With January 1 Plan Years

Month	Due Date	Plan Type	Done	Item
January	15-Jan	DB	☐	Payment of fourth quarterly contribution is due for 2010 plan year, if applicable
	31-Jan	DB/DC	☐	Form 1099-R due for distributions processed in 2010
	31-Jan	HW	☐	Form W-2 furnished to employees must include reporting for amounts received for dependent care assistance, group term life insurance, adoption assistance and HSAs in 2010
February	15-Feb	DC	☐	Quarterly Periodic Benefit Statement for participant-directed account plans for 4th quarter of the 2010 plan year
	28-Feb	DB/DC	☐	Paper filing of Form 1099-R due to IRS (with Form 1096). Later due date if filing electronically (generally, must file electronically if at least 250 information returns)
	28-Feb	DB	☐	2011 Estimated Premium Filing (for plans with 500 or more participants)
March	31-Mar	DB/DC	☐	Electronic filing of Form 1099-R due to IRS (generally, must file electronically if at least 250 information returns)
	31-Mar	HW	☐	First quarter mandatory Medicare Secondary Payer (MSP) reporting due to Centers for Medicare and Medicaid Services (CMS)
April	1-Apr	DB/DC	☐	Initial minimum distributions to commence for participants who have reached their required beginning date (i.e., following attainment of age 70½ or retirement, as specified in plan)
	15-Apr	DB	☐	Payment of first quarterly contribution is due for 2011 plan year, if applicable
	30-Apr (Sat)*	DB	☐	Annual Funding Notice (for plans with more than 100 participants)
	30-Apr (Sat)*	DB	☐	Notice of funding-based limitation on certain forms of distribution (101(j) Notice) due to participants and beneficiaries if the certified or deemed AFTAP is less than 80% (and Notice was not previously provided)
May	2–May	DB	☐	2010 Comprehensive Premium Filing due to PBGC (for plans with fewer than 100 participants)
	15-May (Sun)*	DC	☐	Quarterly Periodic Benefit Statement for participant-directed account plans for first quarter of the 2009 plan year
	16-May	HW	☐	2010 Form 990 due to IRS for Voluntary Employees' Beneficiary Associations (VEBA)
June	30-Jun	HW	☐	Second quarter mandatory MSP reporting to CMS
July	15-Jul	DB	☐	Payment of second quarterly contribution is due for the 2010 plan year, if applicable
August	1-Aug	DB/DC/HW	☐	2010 IRS Form 5500 must be filed. A 2½-month extension is available if Form 5558 is filed
	1-Aug	DB/DC	☐	Terminated vested employees reported on the 2009 and 2010 Form 8955-SSA should receive a notice describing the amount of vested benefit. This due date is extended by any Form 5500 extension
	1-Aug	DB/DC	☐	Plan audit is required if there are more than 100 participants in plan. Audit is required for plans with fewer than 100 participants if less than 95% of plan assets are considered "qualifying assets" (invested in common vehicles)
	1-Aug	DB	☐	Annual Funding Notice for 2010 plan year (for plans with 100 or fewer participants on each day of the 2010 plan year). This due date is extended by any Form 5500 extension.
	1-Aug	DC	☐	Annual Periodic Benefit Statement for non-participant-directed account plans due for 2010 plan year. This due date is extended by any Form 5500 extension.
	14-Aug (Sun)*	DC	☐	Quarterly Periodic Benefit Statement for participant-directed account plans for second quarter of the 2011 plan year
September	15-Sep	DB	☐	Payment of any remaining 2010 plan year contributions must be made, if applicable
	30-Sep	DC/HW	☐	2010 Summary Annual Report (SAR) due to plan participants and beneficiaries. If the plan received an extension for the Form 5500, SAR is due 2 months after the Form 5500 due date
	30-Sep	HW	☐	Third quarter mandatory MSP reporting to CMS
October	3-Oct	HW	☐	Apply for retiree prescription drug subsidy with CMS (30-day extension available)
	15-Oct (Sat)*	DB	☐	Payment of third quarterly contribution is due for the 2011 plan year, if applicable
	17-Oct	DB	☐	2011 Comprehensive Premium Filing is due to PBGC (for plans with 100 or more participants)
	17-Oct	DB/DC/HW	☐	Extended due date for 2010 Form 5500

Month	Due Date	Plan Type	Done	Item
	17-Oct	DB	☐	Extended due date for Annual Funding Notice for 2010 plan year (for plans with 100 or fewer participants on each day of the 2010 plan year)
	17-Oct	DC	☐	Extended due date for Annual Periodic Benefit Statement for non-participant-directed account plans
	30-Oct (Sun)*	DB	☐	Notice of funding-based limitation on certain forms of distribution (101(j) Notice) due to participants and beneficiaries if the certified or deemed AFTAP is less than 80% (and Notice was not previously provided).
November	14-Nov	DC	☐	Quarterly Periodic Benefit Statement for participant-directed account plans for the third quarter of the 2011 plan year
	15-Nov	HW	☐	Part D creditable coverage notice due to Medicare Part D-eligible individuals
December	2-Dec	DC	☐	401(k)(m) Safe Harbor Notice furnished to participants at least 30 days but no more than 90 days before the beginning of the plan year, describing their rights and obligations under the plan
	2-Dec	DC	☐	Notice of Qualified Default Investments furnished to participants within a reasonable period before the beginning of each plan year (30-90 days), describing how contributions and earnings are invested absent an investment election.
	2-Dec	DC	☐	Notice of Automatic Contribution Arrangement furnished to participants within a reasonable period before the beginning of each plan year (30-90 days) (or eligibility for enrollment for new hires), describing automatic enrollment and contributions made if the employee has not affirmatively elected otherwise
	15-Dec	DC/HW	☐	Extended due date for 2010 Summary Annual Report
	31-Dec (Sat)*	DB	☐	Annual Periodic Benefit Statement alternative notice requirement explaining the availability of a benefit statement and how to obtain
	31-Dec (Sat)*	HW	☐	Fourth quarter mandatory MSP reporting to CMS

*Indicates no policy extending the due date to the following business day if the due date falls on a weekend or holiday

Calendar of Administrative Requirements for Plans With July 1 Plan Years

Month	Due Date	Plan Type	Done	Item
January	15-Jan	DB	☐	Payment of second quarterly contribution is due for the plan year, if applicable
	31-Jan	HW	☐	Form W2 furnished to employees must include reporting for amounts received for dependent care assistance, group term life insurance, adoption assistance and HSAs in 2010
	31-Jan	DB/DC	☐	Form 1099-R due for distributions processed in 2010
	31-Jan	DB/DC/HW	☐	2009 IRS Form 5500 must be filed. A 2½-month extension is available if Form 5558 is filed
	31-Jan	DB/DC	☐	Terminated vested employees reported on the 2009 SSA should receive a notice describing the amount of vested benefit. This due date is extended by any Form 5500 extension. (The IRS has deferred reporting until 2012)
	31-Jan	DB/DC	☐	Plan audit is required if there are more than 100 plan participants. Audit is required for plans with fewer than 100 participants if less than 95% of plan assets are considered “qualifying assets” (invested in common vehicles)
	31-Jan	DC	☐	Annual Periodic Benefit Statement for non-participant-directed account plans due for 2009 plan year. This due date is extended by any Form 5500 extension
February	14-Feb	DC	☐	Quarterly Periodic Benefit Statement for participant-directed account plans for second quarter of the 2010 plan year
	28-Feb	DB/DC	☐	Paper filing of Form 1099-R due to IRS (with Form 1096). Later due date if filing electronically (generally must file if at least 250 information returns)
March	15-Mar	DB	☐	Payment of any remaining 2009 plan year contributions must be made, if applicable
	31-Mar	DB/DC/HW	☐	2009 Summary Annual Report (SAR) due to plan participants and beneficiaries. If the plan received an extension for the Form 5500, then the SAR is due two months after the Form 5500 due date
	31-Mar	HW	☐	First quarter mandatory Medicare Secondary Payer (MSP) reporting due to Centers for Medicare and Medicaid Services (CMS)
	31-Mar	DB/DC	☐	Electronic filing of Form 1099-R due to IRS (generally, must file electronically if at least 250 information returns)

Month	Due Date	Plan Type	Done	Item
April	1-Apr	DB/DC	☐	Initial minimum distributions to commence for participants who have reached their required beginning date (i.e., following attainment of age 70½ or retirement, as specified in plan)
	15-Apr	DB	☐	Payment of third quarterly contribution is due for the 2010 plan year, if applicable
	15-Apr	DB	☐	2010 Comprehensive Premium Filing is due to the PBGC (for plans with 100 or more participants)
	15-Apr	DB/DC/HW	☐	Extended 2009 Form 5500 is due
	15-Apr	DC	☐	Extended Annual Periodic Benefit Statement for non-participant-directed account plans due for 2009 plan year
	30-Apr (Sat)*	DB	☐	Notice of funding-based limitation on certain forms of distribution (101(j) Notice) due to participants and beneficiaries if the certified or deemed AFTAP is less than 80% (and Notice was not previously provided)
May	15-May (Sun)*	DC	☐	Quarterly Periodic Benefit Statement for participant-directed account plans for the third quarter of the 2009 plan year
June	1-Jun	DC	☐	401(k)/(m) Safe Harbor Notice furnished to participants at least 30 days but no more than 90 days before the beginning of the plan year, describing their rights and obligations under the plan
	1-Jun	DC	☐	Notice of Qualified Default Investments furnished to participants within a reasonable period before the beginning of each plan year (30-90 days), describing how contributions and earnings are invested absent an investment election
	1-Jun	DC	☐	Notice of Automatic Contribution Arrangement furnished to participants within a reasonable period before the beginning of each plan year (30-90 days) (or eligibility for enrollment for new hires), describing the automatic enrollment and contributions made if the employee has not affirmatively elected otherwise
	15-Jun	DB/DC/HW	☐	Extended 2009 Summary Annual Report is due
	30-Jun	DB	☐	Annual Periodic Benefit Statement alternative notice requirement explaining the availability of a benefit statement and how to obtain
	30-Jun	HW	☐	Second quarter mandatory MSP reporting to CMS
July	15-Jul	DB	☐	Payment of fourth quarterly contribution is due for 2010 plan year, if applicable
August	13-Aug	DC	☐	Quarterly Periodic Benefit Statement for participant-directed account plans for the fourth quarter of the 2010 plan year
	31-Aug	DB	☐	2011 Estimated Premium Filing (for plans with 500 or more participants)
September	30-Sep	HW	☐	Third quarter MSP mandatory reporting to CMS
October	1-Oct	HW	☐	Apply for retiree prescription drug subsidy with CMS (30-day extension available)
	15-Oct	DB	☐	Payment of first quarterly contribution is due for 2011 plan year, if applicable
	29-Oct	DB	☐	Annual funding notice (for plans with more than 100 participants)
November	1-Nov	DB	☐	2010 Comprehensive Premium Filing is due to the PBGC (for plans with fewer than 100 participants)
	12-Nov	DC	☐	Quarterly Periodic Benefit Statement for participant-directed account plans for the first quarter of the 2010 plan year
	12-Nov	HW	☐	Part D creditable coverage notice due to Medicare Part D-eligible individuals
	15-Nov	HW	☐	2010 Form 990 due to IRS for Voluntary Employees' Beneficiary Association (VEBA)
December	31-Dec	HW	☐	Fourth quarter mandatory MSP reporting to CMS