



Employer Disclosure Guide

An Employer Resource Guide

July 2020

oswald[®]

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Federal regulations such as ERISA, the Department of Labor (DOL), Centers for Medicare/Medicaid (CMS), Health and Human Services (HHS) and the Affordable Care Act (ACA) require employers to disclose and distribute various documents and notices to employees, at specific times.

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EMPLOYER REQUIRED COMMUNICATIONS AT A GLANCE

2020-2021

Required New Hire Notices:

- Marketplace Exchange Notice
- Family and Medical Leave Act Initial Rights (If applicable; based on group size)

Required Open Enrollment Notices*:

- Summary of Benefit Coverage (SBC)
- Medicare Part D Creditable/Non-Creditable RX Coverage Notice
- HIPAA Notice of Privacy Practices
- HIPAA Special Enrollment Rights
- Genetics Information Notice
- Mental Health & Substance Use Disorder Parity
- Newborns' & Mother Care Disclosure
- Women's Health & Cancer Rights Act (WHCRA)
- Certain States: Children's Health Insurance Program (CHIP) Eligibility Notice

Contingent Open Enrollment Notices*:

- Grandfathered Health Plans Notice
- Notice Regarding Wellness Standards

Additional New Plan Participant Notices

- Summary Plan Description (SPD)
- Initial COBRA Notice

Required CMS Disclosure:

- Medicare Part D Creditable/Non-Creditable RX Coverage Disclosure to CMS.gov

Optional Templates:

- Electronic Distribution & Consent Form
- Spousal Carve-Out Affidavit
- Spousal Surcharge Affidavit
- Individual Coverage Option

Employee Benefits Termination Reminders:

- COBRA Qualifying Event Notice
- Group Health Plan Termination of Coverage
- Dental & Vision Termination of Coverage
- Short-Term & Long-Term Disability Termination of Coverage
- Life Insurance Termination of Coverage & Continuation Rights
- Flexible Spending Account (FSA) Termination of Benefit Date
- Health Savings Account (HSA) Pre-Tax Contribution End Date
- Supplemental Benefits Termination Date
- Individual Coverage Options

*Provided by Oswald in annual Open Enrollment packet

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EMPLOYEE COMMUNICATION INSTRUCTIONS

2020-2021

Annual Employee Notifications for Group Health Plans

Required New Hire Notices

Marketplace Exchange Notice	Notice to Employees of the Existence & Potential Subsidies within the Health Insurance Exchange. One-time Notice & Ongoing Requirement for all NEWLY HIRED Employees. Required within 14-days of hire. Model Notice (Fillable PDF Located): DOL Marketplace Coverage Options
FMLA Initial Rights	If applicable; based on group size. Must be Distributed to New Employees or Included in Employee Handbook Model Notice: DOL FMLA Notice Poster

Required Open Enrollment Notices*

Summary of Benefits Coverage (SBC)	Must be provided to Participants and Beneficiaries Annually
Medicare Part D Creditable RX Coverage Notice	Medicare Part D Creditable/Non-Creditable RX Coverage Annual Enrollment Annual Notice Distribution is Due Prior to OCTOBER 14
HIPAA Notice Privacy Rights	Notice (or Location of Notice) Once Every 3 YEARS
HIPAA Notice Special Enrollment	Requirement to Notify Employees of Special Enrollment Qualifications Annually
Genetics Information Notice	Annual Requirement Genetic Information Nondiscrimination Act of 2008 (GINA)
Mental Health/Substance Use Disorder Parity	Annual Requirement Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)
Newborn's and Mother Care Disclosure	Must be Distributed to Participants Upon Enrollment Annually
Women's Health & Cancer Rights Act (WHCRA)	Must be Distributed to Participants Upon Enrollment Annually
Children's Health Insurance Program (CHIP) Eligibility Notice	Distribution requirements based on employee state of residence; Employers are Required to Distribute this Notice Annually by the First Day of each Plan Year.

Contingent Notices* (If Applicable)

Grandfathered Health Plans Notice	<p>Grandfathered plans are health plans that were in place before March 23, 2010, when the Affordable Care Act was signed into law. These plans are allowed to offer the coverage they did before the Affordable Care Act. A grandfathered status plan might not include certain benefits or consumer protections that non-grandfathered plans are required to include. A few examples of this include:</p> <ul style="list-style-type: none"> • Grandfathered status plans: <ul style="list-style-type: none"> • Are not required to cover all preventive services at a \$0 copay (such as contraceptive coverage). • Are not required to cover all of the benefits healthcare reform has deemed to be "essential," such as certain types of testing and treatment. • Have different member appeal rights. <p>However, healthcare reform has added some benefits to all status plans, including:</p> <ul style="list-style-type: none"> • No lifetime dollar limit on benefits and/or no monetary limits on essential benefits (For example, your plan cannot have a \$200,000 lifetime cap on organ transplants – it must be unlimited) • Dependent coverage to your adult children until they turn 26, subject to certain limitations (the age limit is 28 in Ohio for fully insured plans.) <p style="text-align: center;">Information: DOL Grandfathered Health Plans</p>
Notice Regarding Wellness Standards	Annual Requirement if a Wellness Program Requires an Outcome-based Standard to Obtain a Reward Model Notice: EEOC Model Notice

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EMPLOYEE COMMUNICATION INSTRUCTIONS

2020-2021

Annual Employee Notifications for Group Health Plans

Required CMS Disclosure

Medicare Part D Creditable RX Disclosure

Annual Requirement to disclose to the Centers for Medicare and Medicaid Services ([CMS Website](#)) as to Creditable/Non-Creditable RX coverage within 60 DAYS of the Beginning of the Plan Year

Additional Notice Templates

Electronic Distribution & Consent Form

Sample Notice to Assist with Employee Attestation and Recordkeeping

Spousal Carve-Out Affidavit

Sample Notice to Assist with Employee Attestation and Recordkeeping

Spousal Surcharge Affidavit

Sample Notice to Assist with Employee Attestation and Recordkeeping

Individual Coverage Option

Individual Healthcare Coverage Assistance offered by Oswald

Employee Benefits Termination Reminders

COBRA Qualifying Event Notice

Notifies Qualified Beneficiaries of the Right to Continue Coverage following a Qualified Event

Group Health Insurance

Communication to Participant Regarding Termination of Coverage Date and COBRA eligibility

Dental & Vision

Communication to Participant Regarding Termination of Coverage Date and COBRA eligibility

Short-Term & Long-Term Disability

Communication to Participant Regarding Termination of Coverage Date

Life Insurance

Communication to Participant Regarding Termination of Coverage Date
Conversion/Portability Notice: Life insurance may be eligible for Conversion and/or Portability for all or a portion of the Group Life Insurance by paying premiums directly to the carrier

Flexible Spending Account (FSA)
Special Limited COBRA Obligation

Flexible Spending Account Termination of Coverage Date & COBRA Eligibility
Health Care FSA: Participants have limited days from the date of termination to submit eligible expenses incurred prior to the FSA cancellation date.
Dependent Care FSA: Participants Have Until the End of the Plan Year to Submit Eligible Expenses Incurred During the Plan Year.

Health Savings Account (HSA)

HSA Contributions via Payroll Deduction Stop as of Date of Termination. However, the HSA is Solely Owned by Participant & will Continue After Participant is No Longer Employed or if Otherwise Become Ineligible for Benefits

Supplemental Benefits

Communication to Participant Regarding Termination of Coverage Date
Coverage may be portable at the same cost

Individual Coverage

Individual Healthcare Coverage Assistance offered by Oswald

Employee Assistance Program (EAP)

Communication to Participant Regarding EAP Assistance, if Available

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MEDICARE PART D CREDITABLE/NON-CREDITABLE RX COVERAGE DISCLOSURE CMS REPORTING REFERENCE CHART

TIMELINE TO REPORT CREDITABLE OR NON-CREDITABLE RX COVERAGE TO CMS ONLINE

If the Plan Year Begins:	Report Online to CMS By:	If the Plan Year Begins:	Report Online to CMS By:
Jan. 1	Mar. 1	July 1	Sept. 1
Feb. 1	April 1	Aug. 1	Oct. 1
Mar. 1	May 1	Sept. 1	Nov. 1
Apr. 1	June 1	Oct. 1	Dec. 1
May 1	July 1	Nov. 1	Jan. 1
June 1	Aug. 1	Dec. 1	Feb. 1

STEP-BY-STEP INSTRUCTIONS

GUIDELINE TO REPORT CREDITABLE OR NON-CREDITABLE RX COVERAGE TO [CMS Website](#)

1: Enter Disclosure Information.

Box A: All Employers Must Complete:

- Employer's Name
- Federal Tax Identification Number
- Address
- Phone Number
- Type of Coverage
- Creditable Coverage Status (fill in if coverage is **creditable or non-creditable**)
- Click "Continue" & Select Box B, C or D, as appropriate

Box B: If All Plan Options are Creditable

Box C: If All Plan Options are Non-Creditable

Box D: If Creditable and Non-Creditable Plans are available

- "Plan Year" Period
- # of Part D eligible individuals expected to be covered at start of Plan Year (if employers are unsure, carriers may provide guidance)
- # of individuals expected to be covered in Retiree Plan (zero if employer does not have a retiree plan)
- Date notice of creditable coverage sent to Part D eligible individuals or all employees (by October 14th of the prior plan year)
- Check if there was a change in creditable coverage status during the prior plan year (unlikely to occur)
- Name, title and email of authorized individual completing submission
- Verify and Submit Disclosure Information

2: Verify Disclosure Information.

3: Receive Confirmation.

Employers are finished until the next plan year, unless there is a change in the plan(s)' coverage status, then: Complete online notification within 30 days, starting with **# 1**

Additional Notices & Templates

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New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the plan administrator.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



SAMPLE WELLNESS PROGRAM NOTICE

NOTICE REGARDING WELLNESS PROGRAM

If a Constituent Benefit Program listed is a voluntary wellness program available to all employees, it is intended to be administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program, depending upon that program, it may include a voluntary health risk assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which may include blood tests or other diagnostic tests. Please note that this is voluntary, and you are not required to participate in these evaluations or examinations.

In certain wellness programs, employees who choose to participate in the wellness program will receive an incentive that is disclosed to you in the open enrollment information for the Constituent Benefit Program. Although you are not required to complete the assessments or participate in the biometric screening, only employees who do so will receive the incentive. Additional incentives up to the maximums permitted by law, may be available for employees who participate in certain health-related activities or those who achieve certain health outcomes. If so, these will be described in your program materials or otherwise communicated to you.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Plan Administrator listed in your Summary Plan Description. The information from any assessment and any results from your examinations or screenings will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Consistent with the disclosures in this Notice regarding the protection of your health and personally identifiable health information, any information gathered in the Constituent Benefit Program that is a wellness program will be confidential. The wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, but it will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Also, your health information will not be sold, exchanged, transferred, or otherwise disclosed (except as permitted or required by law) to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving any incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a wellness program nurse, or physician or other health coach staff for purposes of the wellness program. You may inquire about who specifically has access to your information in this regard.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Precautions deemed appropriate will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. Finally, you may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. Any questions should be directed to the Plan Administrator as listed in your Summary Plan Document.

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SAMPLE GRANDFATHERED HEALTH PLAN NOTICE

GRANDFATHERED HEALTH PLAN

Certain plans are deemed to be a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). If so, the plan is permitted by the Affordable Care Act, to preserve certain basic health coverage that was already in effect when that law was enacted. If your plan is a grandfathered health plan, the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. For example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

The status of your plan is listed in the health care certificate of coverage which is incorporated as a Constituent Benefit Program and listed in the Summary Plan Description and the Plan Document.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

ELECTRONIC DISTRIBUTION OF NOTICE REQUIREMENTS

Open Enrollment season generally has employers asking if they can send benefit documents via email or post to the company's intranet site versus distributing information by paper. Department of Labor (DOL) regulations contain a safe harbor under which employers may use electronic means to distribute certain required documents.

Under ERISA, employers must use delivery methods reasonably calculated to ensure actual receipt of this information by plan participants and beneficiaries. Employers may satisfy this delivery method requirement by mailing the notices to employees' homes, distributing the notices to employees at work or including the notices in a company newsletter or publication.

Employees with work-related computer access	<p>An employee has work-related computer access if he or she:</p> <ul style="list-style-type: none">• Has the ability to effectively access documents furnished in electronic form at any location where employees are reasonably expected to perform their duties; and• Is expected to have access to the employer's electronic information system as an integral part of those duties.
Other plan participants and beneficiaries	<p>An employer must obtain written consent prior to electronically delivering ERISA disclosures to beneficiaries and other plan participants who do not have work-related access to a computer. The consent may be received in either electronic or paper form. Prior to consenting, an individual must be given a clear and conspicuous statement that explains:</p> <ul style="list-style-type: none">• The types of documents to which the consent will apply;• That consent can be withdrawn at any time without charge;• The procedures for withdrawing consent and for updating the address used for receipt of electronically furnished documents;• The right to request and obtain a paper version of an electronically furnished document, including whether the paper version will be provided free of charge; and• Hardware or software needed to access and retain the documents delivered electronically. <p>Where the electronic distribution is made through the internet, the individual must affirmatively consent in a manner that reasonably demonstrates his or her ability to access information in the electronic form that would be used.</p>

Actual Receipt

Employers must take steps to ensure that the electronic delivery results in actual receipt. For example, this may include using electronic mail features, such as a return receipt or notice that the email was not delivered or conducting periodic reviews or surveys to confirm receipt of the transmitted information.

Confidentiality

When personal information pertaining to an individual's benefits or accounts is transmitted electronically, steps must be taken to protect the confidentiality of the information.

Style, Format and Content Requirements

Documents delivered electronically must continue to be furnished in a manner consistent with the applicable style, format and content requirements contained within ERISA. Paper Copy Plan participants and beneficiaries are entitled to receive a paper copy of any ERISA disclosure provided electronically

Electronic Delivery – Rules for Posting Documents to Website

The DOL's safe harbor allows employers to provide ERISA-required notices by posting them on a company website, provided the employer complies with all of the requirements for electronic delivery. This means that the employer must provide a written or electronic notice to plan participants and beneficiaries when the document is posted that describes the document's significance and the right to receive a paper copy. Employers must also take steps to ensure actual receipt of the document. According to the DOL, these steps may include adding a prominent link to the document on the company's main website, providing directions for retrieving lost passwords and keeping the document posted for a reasonable period of time following the notice to plan participants.

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SAMPLE ELECTRONIC DELIVERY FORM

Important Information Regarding Your Benefits

Dear Plan Participant:

As a plan participant, you are entitled to a comprehensive description of your rights and obligations under the [group health plan - *list all that apply*]. We've recently posted a copy of the summary plan description (SPD) to our Web site at www.myresourcesite.com. In order to ensure that you fully understand the benefits available to you and your obligations as a plan participant, it is imperative that you familiarize yourself with the information contained within the SPD.

If you would like to receive a paper copy of the SPD, you may email hr@company.com or call [444-444-4444](tel:444-444-4444) and one will be provided to you free of charge.

[\[Company Group Health Plan\]](#)

[\[Date\]](#)

Sample Consent for Electronic Delivery to Beneficiaries and Other Plan Participants without Work-Related Computer Access

Consent to Receive Electronic Notices

Name		Social Security #
<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____		Email Address
Employee Address		
City	State	Zip

I understand that:

- The following documents and/or notices may be provided to me electronically:
 - Summary Plan Descriptions
 - Summaries of Material Modifications
 - Summary Annual Reports
 - Open Enrollment Notices
 - Medicare Part D Creditable or Non-Creditable Coverage Notice
- I may provide notice of a revised email address or revoke my consent at any time without charge by sending an email to hr@company.com or calling [444-444-4444](tel:444-444-4444)
- I am entitled to request and obtain a paper copy of any electronically furnished document free of charge by contacting hr@company.com or calling [444-444-4444](tel:444-444-4444)
- In order to access information provided electronically, I must have
 - A computer with Internet access,
 - An email account that allows me to send and receive emails
 - Microsoft Word 95 (or higher) or Adobe Acrobat Reader 5.0 (or higher).

I hereby agree to electronic delivery of notices provided to me

Signature

Date

www.oswaldcompanies.com

SAMPLE SPOUSAL CARVE-OUT FORM

[COMPANY NAME] Working Spouse Provision

Please return to:

Attn: HR, (Company Name)

City, State ZIP Dear

Effective Date: xx/xx/xxxx

Coverage for your spouse under our company group health plan is not available unless:

1. Your spouse is unemployed; or
2. Your spouse is self-employed without access to group coverage; or
3. Your spouse's employer does not offer health coverage; or
4. Your spouse is not eligible to participate in his/her employer's health coverage

Employees covering their spouse under our company plan will be required to provide proof of lack of coverage each year (see attached). This form will be considered a valid legal representation made by the employee/spouse's employer and is subject to Fraud Laws. Our company has a right to verify the information provided by the employee. In addition, employees found to have falsely completed the form are subject to disciplinary action up to and including termination.

Employees are responsible for notifying Human Resources within 30 days upon any change in a spouse's employment or coverage status.

The following information must be completed if electing spousal health coverage.

Employee Name: _____

I certify that my spouse does not have other health coverage for the following reason:

- Spouse is not employed
- Spouse is self-employed without access to group insurance coverage
- Spouse is not eligible for insurance at place of employment

Name of Business: _____

Occupation of Spouse: _____

Business Phone: _____

- Spouse's employer does not offer health coverage**
- Spouse is not eligible for health coverage through employer**

**It is mandatory for the attached to be completed by the spouse's employer. It is your responsibility to provide this to his/her employer; and be sure it is returned to us with medical plan election. Your spouse will be removed from our group insurance coverage if we do not receive the verification. Late forms cannot be accepted.

I acknowledge that the information provided herein is true and correct. I understand that I may be subject to Fraud Laws as well as disciplinary action up to and including termination for falsely completing this form. I agree to report any changes in the above information to Human Resources within 30 days of the change.

Employee Signature

Date

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[COMPANY NAME] Working Spouse Provision

Spousal Health Coverage Questionnaire

Our company does not provide health coverage to spouses who have coverage under their own employer's plan. Our employee, _____, has indicated that his/her spouse (your employee) does not have coverage or is not eligible for coverage. Please verify the accuracy of this information by providing the information below.

To be completed by spouse's employer:

Name of Employer: _____

Address of Employer: _____

Phone # of Employer: _____

_____ is eligible to participate in (Spouse's Company Name) health plan because:

(your employee)

We do not offer health coverage

The employee is not eligible to participate in our health coverage

The employee is not eligible to participate in our health coverage now, but will be eligible _____
(date)

I acknowledge that the information provided herein is true and correct.

Print Name

Date

Signature

Title

The company reserves the right to verify this information provided and may contact you to confirm the above response.

SAMPLE SPOUSAL SURCHARGE FORM

To Be Completed By Any Employee Covering A Spouse On The (Company Name) Company Health Insurance Plan

Effective [month xx, 20xx], a **spousal surcharge of \$xxx/month** will be added to your premium if you have elected coverage for your spouse and your spouse is eligible for coverage through his/her own employer. If your spouse is eligible for coverage as an (Company Name) employee, the spousal coverage surcharge is waived.

Please indicate your status below:

_____ I have elected coverage for my spouse on the (Company Name) health plan. My spouse is **NOT** employed.

_____ I have elected coverage for my spouse on the (Company Name) health plan. My spouse **IS** employed but is **NOT** eligible for health coverage through his/her employer.

Spouse's Employer _____

Spouse's Employer HR Contact Name & Phone Number _____

_____ I have elected coverage for my spouse on the (Company Name) health plan. My spouse **IS** employed & **IS** eligible for health coverage available through his/her employer. I have elected to continue to cover my spouse on the (Company Name) health plan & I understand I will have a surcharge of \$xxx per month effective [month xx, 20xx] and authorize that deduction from my paycheck on a pre-tax basis.

If this form is not received by [month xx, 20xx] and your spouse is enrolled in coverage, you will be charged the surcharge until this form is received. If you turn in your form late & the spousal surcharge has been deducted, you will not be reimbursed. If your spouse is not able to enroll in their employer-sponsored health plan at this time (e.g. if this is not open enrollment period at your spouses' employer), please notify HR.

If your spouse loses, obtains or becomes eligible for health coverage through their employer, you have 31 days to notify HR of such change. We must be notified in writing of this and all family status changes within 31 days of when the change occurred. Failure to notify HR in a timely manner will bar you from making a change until the next annual open enrollment period.

Falsification of information or failure to notify HR of a change in your spouses' eligibility for coverage through his/her own employer within 31 days could result in retroactive charges & further disciplinary action.

* * *

My signature below indicates that the facts set forth on this form are true and complete to the best of my knowledge. I also understand that if my spouse's group health insurance status changes, it is my responsibility to notify HR in writing within 31 days of such change. Any false statements written on this form or on future forms as it relates to spouse health coverage information shall be considered grounds for disciplinary action, including termination of employment.

Employee name (please Print)

Signature

Date

THIS COMPLETED FORM SHOULD BE RETURNED TO HR.

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Losing your health insurance and concerned about your options?

Job loss creates many concerns, but your health insurance doesn't have to be one of them. Your employer may have offered COBRA continuation, but it's not your only option.

WE'RE HERE TO HELP!

- ▶ **Oswald for One** provides individuals and families the opportunity to work with a personal consultant to evaluate **eligibility for governmental subsidies** which may drastically decrease the cost of insurance.
- ▶ Individuals who are currently or will soon be eligible for COBRA because of loss of employment or a reduction in hours may **benefit from a broader landscape of insurance providers, plans and costs**

For more information, call
InsureOne Benefits at:

1-800-722-7331



A dark red background featuring a faint, light-colored world map. The map is centered and shows the outlines of continents. The text and other elements are overlaid on this background.

FOUNDED IN

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Oswald helps individuals and businesses identify, reduce and manage their risks through our cross-functional business units: property and casualty, employee benefits and health management services, personal client management, retirement plan services and life insurance. Learn more at www.OswaldCompanies.com.

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