A PRACTICAL STARTING POINT

Benefits compliance. Made easier to organize.

A Washington employer's guide to plan documents, employee notices, reporting and leave coordination. Use it with HR, payroll, your benefits administrator and professional advisers.

Any size	**Start with the plan** Most private-sector employer benefit plans need ERISA documents and disclosures. Check HIPAA, Medicare Part D and plan-specific notices. Small self-insured employers can still have ACA reporting.
20+	**Check federal COBRA** Generally applies at 20 or more employees on more than half the typical business days in the previous calendar year. Part-time employees count as fractions.
50+	**Run two separate tests** ACA: average 50 full-time employees plus full-time equivalents in the prior year. Federal FMLA: generally 50 employees in 20 workweeks in the current or prior year, plus separate employee eligibility rules.
100+ participants	**Review Form 5500** The usual welfare-plan filing threshold counts plan participants at the start of the plan year—not total employees. Some smaller funded plans must file; exemptions have conditions.

Washington exception to the familiar size chart: In 2026, Paid Leave job protection can begin at 25 Washington employees, with separate employee eligibility rules. See page 5. [21]

Size is a screening tool, not a determination. Counting periods, related employers, funding and plan features change the answer. This guide focuses on private-sector health and welfare benefits; it is not an exhaustive legal checklist or a substitute for legal or tax advice. Sources [1–28] are linked on pages 7–8.

01 / ESTABLISH THE FOUNDATION

Give employees the right documents.

First confirm what you sponsor: medical, dental, vision, life, disability, a health FSA or HRA, and any pre-tax payroll arrangement. Identify the plan administrator and who prepares, delivers and retains each document.

Written plan documents / SPD

Who / why: Most ERISA-covered private-sector plans, including many small-employer plans. A carrier booklet does not necessarily contain every required ERISA provision.
Action: Provide the Summary Plan Description generally within 90 days after coverage begins; special timing applies to a newly established ERISA plan. Keep the governing documents and amendments current. [1,2]

Summary of Benefits and Coverage (SBC)

Who / why: Applicable group health coverage; different rules apply to excepted benefits.
Action: Provide with enrollment and renewal materials. Special enrollees generally receive it within 90 days of enrollment. Supply requested copies within seven business days. [1,2,28]

Special enrollment notice

Who / why: Employees eligible to enroll in the group health plan.
Action: Deliver at or before the initial enrollment opportunity. Explain loss-of-coverage and family-event rights; do not wait for the annual notice packet. [14]

Marketplace / exchange notice

Who / why: New employees of employers covered by the Fair Labor Standards Act, even employees not eligible for the health plan.
Action: DOL guidance treats delivery within 14 days of hire as timely. This notice is separate from the offer of employer coverage. [12]

COBRA general notice

Who / why: Covered employees and spouses under a COBRA-covered plan.
Action: Generally within 90 days after coverage starts. A qualifying-event election notice is a different notice with its own deadlines. [3]

Three additional checks

Use the current patient-protection notice when applicable, including for grandfathered plans that require primary-care-provider designation. Grandfathered status disclosures follow their own rules. HRAs and Section 125 arrangements can need additional documents and notices; review those separately. [13,14]

02 / BUILD A COMMUNICATION CALENDAR

Annual is only one of the deadlines.

EVERY YEAR

WHCRA and CHIP

WHCRA notice is due at enrollment and annually for applicable plans covering mastectomy benefits. CHIP premium-assistance notice is annual for employees residing in assistance states when the employer offers group health coverage; it is not limited to enrolled employees. [11,14]

BEFORE OCTOBER 15

Medicare Part D

Give creditable or non-creditable prescription coverage notices to Medicare-eligible individuals covered by the plan before October 15 and at other required triggers. Confirm creditability with the carrier or administrator. [10]

WITHIN 60 DAYS OF PLAN-YEAR START

Separate CMS disclosure

For applicable entities, report prescription coverage creditability to CMS online within 60 days after the plan year begins; also within 30 days after termination or a change in creditable status. Exceptions can apply. [10]

AT LEAST EVERY THREE YEARS

Privacy notice reminder

Where the HIPAA notice duty applies, remind covered individuals that the Notice of Privacy Practices is available and how to obtain it. Review enrollment, website and material-change delivery duties separately. [16–18]

WHEN A PLAN CHANGES

SMM / SBC updates

An ERISA Summary of Material Modifications is generally due within 210 days after the end of the plan year in which the change was adopted. A material reduction in group health benefits generally requires notice within 60 days of adoption. A midyear material change affecting the SBC generally requires 60 days' advance notice. These are different clocks. [1,2]

WHEN LIFE OR EMPLOYMENT CHANGES

Enrollment and continuation

Track hires, marriage, birth, adoption, coverage loss, reduced hours, termination, divorce and leave promptly. Special enrollment generally allows 30 days for specified events and 60 days for Medicaid/CHIP events. COBRA notices and elections run on their own schedules. [3,14]

Keep proof of delivery

Keep the final notice, covered recipients, send date and delivery evidence. Confirm spouses and other beneficiaries receive notices when required. A PDF on a portal is not automatically compliant delivery; check the applicable electronic-delivery rule, consent when required, access and paper-copy options. [1,26,28]

03 / ASSIGN FILING RESPONSIBILITIES

Match the filing to the plan.

ACA: determine ALE status before evaluating the offer

An applicable large employer generally averaged at least 50 full-time employees, including full-time equivalents, in the prior calendar year. ACA full-time generally means 30 hours a week or 130 a month. Related-employer aggregation can change the result. Document the calculation, measurement method, coverage offers and applicable affordability test. [4,5]

ACA reporting can apply even below 50

ALEs generally use Forms 1094-C/1095-C, including when medical coverage is fully insured. Small self-insured coverage sponsors can have B-series reporting responsibilities. Coordinate employee and dependent information, correction procedures and filing acknowledgments with the vendor. Electronic filing generally starts at 10 aggregated information returns, subject to exceptions or waivers. [6,7]

Updated ACA statement-delivery option

Current IRS instructions allow an alternative website-notice-and-request process for furnishing certain individual statements if all requirements are met. This does not eliminate IRS filing. Review the notice deadline, required contact information, posting period and requested-copy deadline for the reporting year before replacing automatic delivery. [6,7]

Form 5500: count plan participants

Welfare plans with at least 100 participants at the beginning of the plan year generally file. Smaller unfunded or insured plans may be exempt; some smaller funded plans must file. The normal due date is the last day of the seventh month after the plan year ends—July 31 for a calendar-year plan—subject to extensions and calendar adjustments. Review any Summary Annual Report obligation separately. [1,8]

Modern reporting: verify the handoff

For plans subject to them, assign the annual gag clause prohibition attestation (generally December 31) and prescription drug data collection (RxDC). Obtain written confirmation of what the carrier, TPA or other vendor submits and any employer data deadline. Self-funded plans and HRAs may need additional tax, fee or reporting review. [19,20]

Calendar caution: A filing year and a coverage year are not the same. Consult current IRS and DOL instructions for exact dates, extension rules and the year being reported. Do not reuse last year's calendar without checking it.

04 / COORDINATE HR AND BENEFITS

Washington leave. Health-plan privacy.

2026 Washington Paid Leave: a separate 25-employee test

Job protection generally applies at employers with at least 25 Washington employees each workday during 20 or more weeks in the current or preceding year. The employee generally needs 180 calendar days with the employer; exceptions apply. This is separate from eligibility for Paid Leave payments. When job protection applies, maintain existing health benefits, with the employee paying their usual share. [21]

Do not use federal FMLA as the only leave screen

Private-employer FMLA coverage generally begins at 50 employees in 20 workweeks in the current/prior year. Employee eligibility normally includes 12 months of service, 1,250 hours in the preceding 12 months, and 50 employees within 75 miles. Covered public agencies and schools have different employer rules. Coordinate federal and Washington notices, coverage and return-to-work rights. [9,21–23]

Keep payroll and employee communication connected

Washington employers have Paid Leave reporting and premium responsibilities even when too small to owe the employer premium share. Use current ESD posters and employee/job-protection notices. For employees covered by state paid sick leave, track at least one hour per 40 hours worked, at least 40 hours of carryover, and required monthly balance information. Review WA Cares deductions and approved exemption records with payroll. Local rules may add requirements. [22–25]

HIPAA depends on the plan and access to health information

Do not limit the review to outsourced self-funded plans. Fully insured arrangements can also have obligations, depending on the employer's role and access to protected health information. The small-plan exception requires fewer than 50 participants AND administration solely by the establishing employer. Employment records and health-plan records are not treated identically. [15,16]

Use current privacy materials

Where applicable, review privacy and security policies, business associate agreements, access controls and training. HHS updated its health-plan Notice of Privacy Practices models in February 2026. Do not assume every provision of the 2024 reproductive-health rule remains in force; review the HHS court update and current model. [16,17,27]

Forward planning: Washington's job-protection employer threshold is scheduled to drop to 15 in 2027 and 8 in 2028. Recheck ESD guidance before each year. [21]

05 / MAKE IT ACTIONABLE

Your employer review worksheet

Company: _____ Review date: _____
Plan year: _____ Internal coordinator: _____
Record “not applicable” only after checking the rule. Keep confidential employee information out of this worksheet.

□ Employer and plan counts

ACA calculation; COBRA test; FMLA / Washington Paid Leave; Form 5500 participant count.

Owner: _____ Due: _____ Status / evidence: _____

□ Current documents

Plan documents, SPD, SBC, amendments, HRA / cafeteria-plan documents and applicable models.

Owner: _____ Due: _____ Status / evidence: _____

□ Employee communications

New-hire, enrollment, annual and event notices; recipients; electronic delivery and paper options.

Owner: _____ Due: _____ Status / evidence: _____

□ Filings and confirmations

ACA, Form 5500 / SAR, CMS creditable coverage, gag clause attestation and RxDC, as applicable.

Owner: _____ Due: _____ Status / evidence: _____

□ Leave and privacy

Employee leave notices, continued coverage, payroll handoffs, privacy policies and access.

Owner: _____ Due: _____ Status / evidence: _____

□ Vendor accountability

Written scope, named contacts, due dates, data requests, delivery records and filing receipts.

Owner: _____ Due: _____ Status / evidence: _____

Bring the questions. We’ll help organize the next steps.

Benefit Experts can help connect the benefits conversation with enrollment, employee communication and your administrators. Start with your renewal date, current plans and the items you want to review. **benefit-experts.com/contact/ | 206.556.2993**

REFERENCE / 1 OF 2

Official sources & current models

Select a linked title to open the source. Confirm the latest version and the rules for your plan before relying on a deadline. The numbered references throughout this guide map to this list.

01. ERISA documents and disclosures
DOL • SPD, SMM, SBC, SAR and notice timing.

02. Group health plan fiduciary responsibilities
DOL • Documents, administration and service-provider oversight.

03. COBRA employer guide
DOL • Employer count, qualifying events and notices.

04. Applicable large employer determination
IRS • Prior-year average, full-time equivalents and related employers.

05. Employer shared responsibility questions
IRS • Coverage offers, affordability and measurement methods.

06. Forms 1094-C and 1095-C instructions
IRS • ALE reporting, deadlines and alternative statement furnishing.

07. Forms 1094-B and 1095-B instructions
IRS • Coverage reporting, including small self-insured employers.

08. 2025 Form 5500 instructions
DOL • Welfare-plan filing exemptions and participant count.

09. FMLA frequently asked questions
DOL • Employer coverage, employee eligibility and health coverage.

10. Medicare Part D creditable coverage
CMS • Individual disclosures and separate disclosure to CMS.

11. CHIPRA employer notices
DOL • Annual premium-assistance notice and updated model.

12. Marketplace notice guidance
DOL • FLSA-covered employers and new-hire notice.

13. Patient protections, including grandfathered plans
DOL • CAA expansion effective for plan years beginning in 2022.

14. Health-plan notice models
DOL • SBC, special enrollment, WHCRA and related resources.

REFERENCE / 2 OF 2

Official sources & current models

Select a linked title to open the source. Confirm the latest version and the rules for your plan before relying on a deadline. The numbered references throughout this guide map to this list.

15. HIPAA small-plan exception
HHS • Fewer than 50 participants AND solely employer administered.

16. HIPAA Privacy Rule overview
HHS • Covered entities, plan sponsors and protected information.

17. Current privacy notice models
HHS • February 2026 health-plan Notice of Privacy Practices.

18. Privacy notice availability reminder
HHS • At least once every three years where applicable.

19. Gag clause prohibition attestation
CMS • Annual December 31 deadline and reporting responsibilities.

20. Prescription drug data collection (RxDC)
CMS • Current reporting instructions, data and submission resources.

21. Washington Paid Leave: job protection
ESD • 2026 employer threshold, tenure and health benefit continuation.

22. Washington Paid Leave: employer responsibilities
ESD • Reporting, premiums and employee communication.

23. Washington Paid Leave: employer help center
ESD • Current posters, leave notices and job-protection models.

24. Washington paid sick leave requirements
L&I; • Accrual, carryover and employee balance notifications.

25. WA Cares employer resources
WA Cares • Payroll collection, reporting and exemption records.

26. Proposed electronic disclosure changes
DOL • July 2026 proposal; a proposal is not a final delivery safe harbor.

27. HIPAA reproductive-health rule court update
HHS • Vacated provisions and remaining privacy-notice updates.

28. SBC timing and electronic delivery
DOL • SBC electronic enrollment safe harbor and paper-copy option.