Compliance Overview

Key Year-end Compliance Items for Group Health Plans

As the end of the calendar year approaches, employers that sponsor group health plans must ensure timely compliance with several federal reporting and disclosure requirements. These obligations, mandated under various federal laws, including the Employee Retirement Income Security Act (ERISA), the Affordable Care Act (ACA) and the Consolidated Appropriations Act (CAA), must be fulfilled in a timely manner to avoid potential penalties.

The table below focuses on **key dates relevant to plans that operate on a calendar year basis** to assist plan sponsors in meeting their year-end obligations.

Requirement	Description	Deadline
Medicare Part D Notices	Employers with group health plans that **provide prescription drug coverage** must notify Medicare Part D eligible individuals each year about whether the drug coverage is at least as good as the Medicare Part D coverage (in other words, whether their prescription drug coverage is "creditable").	**Oct. 14, 2026**
Form 5500s (*Extended Deadline*)	Each year, employers that are subject to ERISA must electronically file an annual report (Form 5500) for each employee benefit plan they maintain unless a filing exemption applies. Employers with employee benefit plans that operate on a calendar-year basis had to file their annual reports for 2025 by July 31, 2026. However, **employers that filed IRS Form 5558** by this date were granted an automatic, one-time extension of 2.5 months to file.	**Oct. 15, 2026**
Summary Annual Reports (SAR) (*Extended Deadline*)	Employers who must file Form 5500s must also provide plan participants with an SAR, which summarizes information from the Form 5500. For calendar-year plans, the SAR was generally due within nine months of the close of the plan year (Sept. 30, 2026). However, if an extension of time to file the Form 5500 was obtained, the SAR must be furnished within two months after the close of the extension period.	**Dec. 15, 2026**

This Compliance Overview is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice.
Readers should contact legal counsel for legal advice. ©2026 Zywave, Inc. All rights reserved.

Compliance Overview

Gag Clause Attestation	Health plans and health insurance issuers must annually submit an attestation of compliance with the CAA's gag clause prohibition. Employers with fully insured plans do not need to submit an attestation if their issuer does. Self-insured plans can contractually delegate this to their third-party administrator, but the legal requirement remains with the health plan.	**Dec. 31, 2026**
Year-end Compliance and 2027 Preparation		
Annual Notices and Plan Changes	In addition to the deadlines above, the end of the plan year is a good time to ensure that all applicable annual notices (e.g., the Children's Health Insurance Program notice) have been provided and that any plan changes have been communicated to employees, such as through Summaries of Material Modifications (SMMs). Employers may include SMMs in open enrollment materials when changes take effect at the beginning of the plan year.	
ACA Reporting (Forms 1094 and 1095)	Reporting for the 2026 calendar year is due in early 2027, so the end of the plan year is a good time to begin preparing and collecting all necessary information, such as employee hours of service, coverage offers and employee contribution amounts. Employers that use third-party vendors should confirm that those vendors can supply accurate data by the applicable deadlines.	
CMS Medicare Part D Disclosure	In addition to the Part D notice to Medicare-eligible individuals, employers are also required to disclose to the Centers for Medicare & Medicaid Services (CMS) whether their prescription drug coverage is creditable or non-creditable. The CMS disclosure is due within 60 days after the start of the plan year, so employers can use the remainder of the plan year to gather all necessary information. Employers should also keep in mind that a final rule from 2026 exempts account-based plans, such as health reimbursement arrangements, health flexible spending accounts and health savings accounts, from creditable coverage disclosure requirements beginning Jan. 1, 2027.	

This Compliance Overview is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice. ©2026 Zywave, Inc. All rights reserved.