

TRI-AD Web Seminar: Health & Welfare Plans Legislative Update

*Presented by Judy Simons, CPC, QPA, QKA
Jason R. Ainge, Esq., CFC*

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TRI-AD's purpose is to
enrich the health and
financial well-being of
people just like you.



Introducing Your Speakers



Judy A. Simons, CPC, QPA, QKA

Vice President, Compliance

30+ years with TRI-AD

Past President and current member of
Western Pension and Benefit Council

Member of American Society of Pension
Professionals and Actuaries

Chief Compliance Officer - TCMI



Jason R. Ainge, Esq., CFC

Director of Health & Welfare
Operations/General Counsel

19 years experience in Health & Welfare
Benefit Plans

Juris Doctor, Western New England
College School of Law

Board of Directors
Employers Council on Flexible
Compensation (ECFC)



Total Benefits Administration



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Agenda

- DOL Fiduciary Rules Update - HSAs
- Tax Cuts & Jobs Act of 2017 – Impact on Plans
 - HSA Limit Changes
 - Commuter Benefit Changes
 - Changes to the ACA Individual Mandate
- ACA Healthcare Reform Update
 - Reinsurance & PCOR Fees
 - Affordability of Employer Sponsored Coverage
 - 2018 ACA Reporting Deadlines
 - Cadillac Tax
- DOL Civil Penalty Increase
- IRS and DOL Guidance Priorities



Acronyms

- ACA – Affordable Care Act (health care reform)
- DOL – Department of Labor
- HFSA – Health Flexible Spending Account
- HRA – Health Reimbursement Arrangement
- HSA – Health Savings Account
- MEC – Minimum Essential Coverage



DOL Fiduciary Regulations Update for HSAs



Fiduciary Regulations

- Broadens definition of fiduciary and now includes brokers and advisors who provide recommendations to these plans who were previously not fiduciaries
- Applies to:
 - ERISA Plans (including ERISA 403(b) plans)
 - Non-ERISA Arrangements
 - Traditional IRA and Individual Retirement Annuities
 - Roth IRA
 - Health Savings Account
 - Archer Medical Savings Account
 - Coverdell Education Savings Account



7

Fiduciary Regulations

- DOL Final fiduciary regulations published 4/6/2016
- Prohibited transaction exemptions published same day
- Effective 6/7/2016
- Applicable on 6/9/2017
 - Fiduciary definition
 - Best Interest Contract Exemption – Impartial Conduct Standards
- Applicable on 7/1/2019
 - Everything else



8

Status of Fiduciary Rules & Prohibited Transaction Rules

- 3/15/2018 - Fifth Circuit Court of Appeals vacated the DOL fiduciary rule
 - Court struck down both the new fiduciary advice definition and the prohibited transaction exemptions
 - There was uncertainty whether the fiduciary rule is vacated only in the 5th Circuit jurisdiction or nationwide. More than likely it applies nationwide.
 - AARP, California, New York and Oregon petitioned the Court to intervene in the Court's decision and were denied
 - May 16, 2018 – California, New York and Oregon asked the 5th Circuit to reconsider its denial decision



9

Status of Fiduciary Rules & Prohibited Transaction Rules

- DOL has the following options:
 - The DOL had until 4/30/2018 to request that all Fifth Circuit judges re-hear the case – didn't happen
 - The DOL could ask the Supreme Court by 6/13/2018 for permission to appeal the decision and ask that the Fifth Circuit's ruling be stayed pending resolution (e.g., the fiduciary and prohibited transaction rules will remain in effect)



10

Status of Fiduciary Rules & Prohibited Transaction Rules

- If the DOL doesn't take action and the Fifth Circuit decision becomes final:
 - Revert to the regulatory definition of fiduciary adopted in 1975
 - Revert to pre-2016 prohibited transaction exemptions
 - Prior rules have no exemption from prohibited transactions for certain payments of compensation (e.g., commissions)



11

DOL Field Assistance Bulletin No. 2018-02

- Historical transition relief from DOL
 - DOL previously extended the applicability date of certain provisions in the prohibited transaction exemptions through 7/1/2019
 - During this transition period, DOL provided broad relief from certain prohibited transactions if fiduciaries comply with the impartial conduct standards
 - DOL indicated it will not pursue claims against fiduciaries who are working in good faith to comply with the fiduciary rule



12

DOL Field Assistance Bulletin No. 2018-02

- **New relief**

- Between 6/9/2017 and until after regulations or exemptions or other guidance has been issued, the DOL will not pursue prohibited transaction claims against investment advice fiduciaries who are working in good faith to comply with the impartial conduct standards for transactions that would have been exempted in the BIC Exemption and other exemptions
- DOL will not treat fiduciaries as violating the applicable prohibited transaction rules



13

Securities Exchange Commission Proposed Rules

- **Securities Exchange Commission also working on their own version of the fiduciary rule and other guidance**

- April 18, 2018 – released package of 3 new rules
- Asked for public comment on whether it should create a harmonized fiduciary definition for all investors



14

Securities Exchange Commission Proposed Rules

1. Create a “best interest” standard of conduct for broker-dealers
2. Clarify fiduciary standards for advisers under the Investment Advisers Act of 1940
3. Improve disclosure through summary forms and clarify relationships among broker-dealers, advisers and their retail investor customers

SEC - Best Interest Standard of Conduct for Broker-dealers

- Broker-dealers will comply if they satisfy 3 conditions
 - Care obligation
 - Conflict of interest obligation
 - Disclosure obligation



SEC - Best Interest Standard of Conduct for Broker-dealers

- **Care obligation – met if broker-dealer, or natural person associated with the broker-dealer, exercises reasonable diligence, care, skill and prudence to:**
 - Understand potential risks associated with making a recommendation and believe that the recommendation is in the best interest of at least some retail customers
 - Have a reasonable basis to believe that a recommendation is in the best interest of a particular retail customer based on the customer's investment profile and risk/rewards associated with the recommendation
 - Have a reasonable basis to believe that a series of recommended transactions, even if viewed in isolation, is not excessive and is in the retail customer's best interest when taken together, considering the investor's investment profile



17

SEC - Best Interest Standard of Conduct for Broker-dealers

- **Conflict of interest obligation – met if the broker-dealer establishes, maintains and enforces written policies and procedures reasonably designed to:**



- Identify and disclose, or eliminate, all material conflicts of interest that are associated with such recommendations; and
- Identify and mitigate, or eliminate, material conflicts of interest arising from financial incentives associated with such recommendations



18

SEC - Best Interest Standard of Conduct for Broker-dealers

- Disclosure obligation – met if the broker-dealer discloses to the retail customer in writing prior to or at the time of the recommendation the material facts relating to the scope and terms of the relationship with the retail customer, including all material conflicts that are associated with the recommendation
- Material facts that must be disclosed include:
 - That the broker-dealer is acting in a broker-dealer capacity with respect to the recommendation
 - The fees and charges that apply to the retail customer's transactions, holding and accounts; and
 - The type and scope of services provided by the broker-dealer, including monitoring the performance of the retail customer's account



19

SEC – Clarify Fiduciary Standards for Advisors

- Investment advisors at all times must serve the best interest of its clients and not subordinate its clients' interest to its own
 - Duty of care – advisor must
 - act and provide advice in the best interest of a client;
 - seek best execution; and
 - provide advice and monitoring
 - Duty of loyalty – advisor must
 - not favor its own interest over those of a client or unfairly favor one client over another; and
 - make a full disclosure of all material facts relating to the advisory relationship



20

SEC – Customer Relationship Summary (CRS) Filing

- **CRS Filing**

- Both broker-dealers and investment advisors would provide prior to providing services
- Designed to present a short and easily understood overview of key information
- CRS would need to be provided to all natural persons as well as trusts of similar entities that represent natural persons



21

States May Take Action

- **States are getting into the action**

- New York, New Jersey, Connecticut and California have introduced legislation to impose a fiduciary duty on financial institutions
- Nevada passed a law effective July 1, 2017 which imposes a state fiduciary duty on financial institutions and investment advisors rendering investment advice to Nevada-based clients
 - Impacts non-ERISA plans and not clear if ERISA preemption would apply



22

How to Comply in the Meantime

- DOL Field Assistance Bulletin 2018-02 relief if you comply with the following:

- Fiduciary status of compensated financial advisors
- Requirement that fiduciaries comply with the impartial conduct standards of the prohibited transaction exemptions



- Most fiduciaries will probably continue to comply with the DOL fiduciary rule and the impartial conduct standards



23

What Should Employers Do?

- Employers should check with their providers to determine how they will handle the transition period

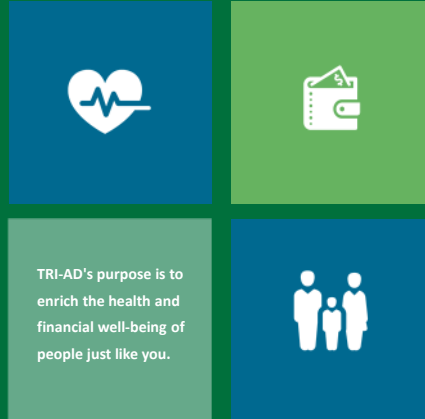
- Retirement plan providers
- HSA providers
- Financial institutions / financial advisors
- Wait for results of the appeal to the 5th Circuit Court
- Wait for further guidance from the DOL & SEC



24

Tax Cuts & Jobs Act

Commuter Benefit Changes
HSA Limit Decrease/Increase
Changes to ACA Individual Mandate



Commuter Benefit Changes

• Effective January 1, 2018

- Employers lose tax deduction for payments for qualified transportation benefits (e.g., salary reductions of employees)
- Employee may continue to exclude these benefits from wages
- Bicycle benefits become taxable to employees

2017⁸



Commuter Benefit Changes

• Employer's options

- Continue the program and lose the deduction
- Terminate the qualified transportation plan
 - Some cities (e.g., San Francisco, New York City, Washington, D.C.) require employers to maintain transportation benefits so employers who have offices in those cities should review the requirements to determine if they can terminate their plans
 - Employers may only cover employees in cities where QTB plans are required (there are no nondiscrimination testing requirements)
- Terminate the QTB and increase compensation for those participants who typically participate in the program



27

Commuter Benefit Changes

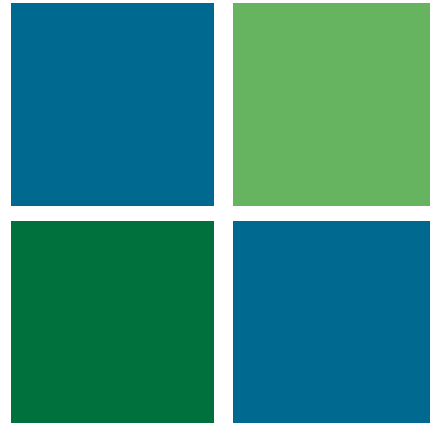
• Employers should

- Discuss new rules with their tax accountants and accounting and payroll departments



28

HSA Family Coverage Contribution Limit Changes



29

Change in Cost-of-Living Adjustments Index

- In May, 2017, IRS published 2018 HSA limits
- In December, 2017, the Tax Cuts & Jobs Act was passed which changed the cost-of-living adjustment (COLA) index that is used to calculate increases in the HSA limits
 - New index is effective on 01/01/2018



Change in Cost-of-Living Adjustments Index

- IRS published new 2018 HSA limits in March, 2018
 - Only limit that changed was the maximum contribution for family coverage
 - Decreased from \$6,900 to \$6,850
 - If individual is age 55 or older, the limit decreased from \$7,900 to \$7,850 with the catch-up contribution
- HSA providers scrambled to reduce to the lower limit in their administrative systems
- HSA participants who contributed more than \$6,850 were instructed to remove excess contributions or face penalties
- And then...



31

IRS Relief – Increase in the HSA Family Coverage Contribution

- IRS increased the family coverage contribution limit back to \$6,900 in May, 2018
 - Revenue Procedure 2018-27
 - <https://www.irs.gov/pub/irs-drop/rp-18-27.pdf>



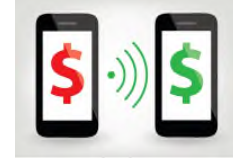
- Here's how it all shakes out.....



32

IRS Relief – Increase in the HSA Family Coverage Contribution

- Participants can repay the excess contribution (plus earnings) withdrawals back to their HSA accounts



- IRS refers to these repayments as a repayment of mistaken distributions
 - IRS refers to IRS Notice 2004-50 for guidance on returning mistaken distributions
- Custodians/Trustees are not required to allow individuals to repay the mistaken distributions



33

IRS Relief – Increase in the HSA Family Coverage Contribution

- HSA participants that did not take action to remove excess contributions



- No action is required since they have not exceeded the new increased limit through their employer's HSA program
 - Participants must determine if they have exceeded the maximum HSA contribution limits considering
 - Personal contributions to HSA
 - Salary reduction HSA contributions through their employer's cafeteria plan



34

IRS Relief – Increase in the HSA Family Coverage Contribution

• HSA participants who withdrew excess contributions

- Repay the excess contribution (plus earnings) back to the HSA account (if Custodian allows for repayment)
 - Must be paid back by the filing date of their 2018 federal tax return, April 15, 2019 (no tax form extension applies)
 - Individual will not be taxed on the repaid excess contribution withdrawal
 - No 20% additional tax applies (tax that applies to withdrawals not used to pay for qualified medical expenses)
 - No 6% excise tax on excess contributions
- Individuals usually have to complete a form to return the money indicating it is a return of a mistaken distribution



35

IRS Relief – Increase in the HSA Family Coverage Contribution

• HSA participants who withdrew excess contributions

- Do not repay the excess contribution (plus earnings) back to the HSA account
 - For HSA contributions made through a salary deferral program (a cafeteria plan), if the excess contribution withdrawal is not used for qualified medical expenses, the distribution is:
 - Included in gross income
 - Subject to the 20% additional tax (tax that applies to withdrawals not used to pay for qualified medical expenses)
 - Not subject to the 6% excise tax on excess contributions



36

IRS Relief – Increase in the HSA Family Coverage Contribution

- **HSA participants who withdrew excess contributions**
 - Do not repay the excess contribution (plus earnings) back to the HSA account
 - For HSA contributions made through from personal funds and not from a cafeteria plan, the distribution is:
 - Not included in gross income
 - Not subject to the 20% additional tax (tax that applies to withdrawals not used to pay for qualified medical expenses)
 - Not subject to the 6% excise tax on excess contributions



37

IRS Relief – Increase in the HSA Family Coverage Contribution

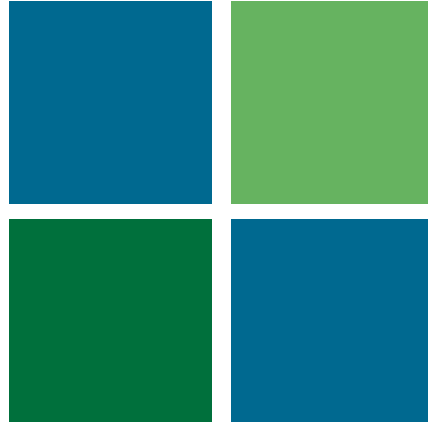
• Tax filings for 2018

- Custodians will provide participants with the appropriate filing forms at the end of the year 1099-SA based on the actions taken by the HSA participants
- Employees should work with their tax advisors on this matter



38

Changes to ACA Individual Mandate



Individual Mandate

- Since 2014, individuals are penalized for any month they do not have minimum essential coverage
- **Minimum Essential Coverage**
 - Eligible employer-sponsored plan
 - Exchange Qualified Health Plan
 - Other government sponsored programs: Medicare Part A, Medicaid, CHIP, TRICARE
 - Individual health insurance program
 - Other health benefits such as State health benefits risk pool as HHS recognizes



Penalty for failure to have health care

- Penalty determined monthly
- Reported annually on personal tax return
- Penalty is the greater of:
 1. Annual Flat \$ amount or
 2. Percentage of income amount



Penalty For Failure to Have Health Care

Tax Year	Penalty
2014	Greater of 1) \$95* X uncovered individuals in family (not to exceed \$285) or 2) 1% of household income (income - standard deductions & exemptions)
2015	Greater of 1) \$325* X uncovered individuals in family (not to exceed \$975) or 2) 2% of household income (income - standard deductions & exemptions)
2016 – 2018	Greater of 1) \$695* X uncovered individuals in family (not to exceed \$2,085) or 2) 2.5% of household income (income - standard deductions & exemptions)

* Amount for individuals age 18 or younger is ½ of above numbers
 - Penalty is capped at national average bronze level premium for Exchange coverage
 - Other exempted from penalties – individuals whose income does not exceed threshold for filing a federal tax return, members of certain Indian Tribes, etc.



Changes to the Individual Mandate

- Tax Cuts & Jobs Act of 2017 - reduced penalty for not maintaining minimum essential coverage to \$0
 - Effective in 2019

Tax Year	Penalty
2019 +	Greater of: 1) \$0 X uncovered individuals in family, or 2) 0% of household income (income - standard deductions & exemptions)



Impact of Elimination of Individual Mandate Penalty

- All other ACA rules apply
 - Employer Mandate – no impact to employer mandate
 - Employers must still provide affordable minimum essential coverage that meets minimum value requirements, or be penalized
 - ACA reporting must still be completed
 - Employer reporting still applies since employers are penalized if coverage does not fulfill minimum value, is not affordable and any full-time employees receive subsidies
 - Marketplaces still in tact
 - Premium subsidies for those earning between 100% - 400% of the federal poverty level
 - Ban on insurers charging more or denying coverage based on health factors
 - Medicaid expansion



Impact of Elimination of Individual Mandate Penalty

- Fear that younger, healthier individuals will drop coverage
- States may mandate coverage for their residents (not a popular change politically)
 - Massachusetts (state-based marketplace) already requires coverage since 2007
 - New Jersey (federally facilitated marketplace) recently passed a bill requiring insurance coverage for its residents – governor has not signed the bill yet
 - Other states considering mandates:
 - States with state-based marketplaces
 - California
 - Connecticut
 - Maryland
 - Minnesota
 - Rhode Island
 - Vermont
 - Washington
 - Washington, D.C.
 - States with federally facilitated marketplaces, state conducting plan management
 - Hawaii
 - State reporting requirements? That will be fun!



ACA Healthcare Reform Update

Reinsurance & PCOR Fees

Affordability of Employer Sponsored Coverage

2018 ACA Reporting Deadlines

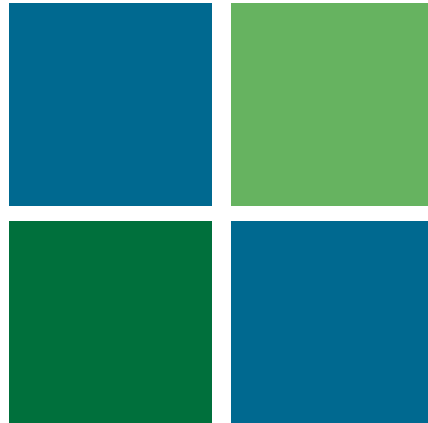
Cadillac Tax



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ACA Healthcare Reform Update Reinsurance & PCOR Fees



Reinsurance Fees

- No longer applicable
- Annual fee that applied for 2014 – 2016
- 2016 was last year to pay the fees (due in 2017)
 - Congress did not extend this fee



Patient-Centered Outcomes Research Fees

• Patient-Centered Outcome Research (PCOR) fee

- Pays for patient-centered outcome research
- Effective for policy/plan years ending after 9/30/2012 and before 10/1/2019 (7-year fee)
 - Calendar year plans = 2012 – 2018
- Amount of fee policy or plan years ending on or after
 - 10/1/2017 – 10/1/2018 - \$2.39 per average number of covered lives
 - 10/1/2016 – 10/1/2017 - \$2.26 per average number of covered lives
 - 10/1/2015 – 10/1/2016 - \$2.17 per average number of covered lives
 - 10/1/2014 – 10/1/2015 - \$2.08 per average number of covered lives
 - 10/1/2013 – 10/1/2014 - \$2.00 per average number of covered lives
 - 10/1/2012 – 10/1/2013 - \$1.00 per average number of covered lives



PCOR Fees Started in 2013

• Who is responsible to pay fee?

- Fully insured plans – insurer (carrier)
- Self-insured plans – the plan sponsor is liable for the fee and it will be:
 - the employer, for a single employer plan;
 - the employee organization, for a plan maintained by an employee organization;
 - the joint board of trustees for a multi-employer plan;
 - the committee for a MEWA;
 - the cooperative or association that establishes the cooperative, for a rural cooperative; and
 - the trustee, for a VEBA



PCOR Fees Started in 2013

• How is fee paid?

- IRS Form 720 Quarterly Federal Excise Tax Return
- Even though Form 720 is a quarterly form, the fee is paid annually
- The fee is due by 7/31 of the calendar year immediately following the last day of the policy year/plan year
 - For calendar year plan years, the next forms are due July 31, 2018

January	February	March
April	May	June
July	August	September
October	November	December



ACA Healthcare Reform Update Affordability of Employer Sponsored Coverage



ACA Affordability Requirements - 2018

- Coverage is affordable if:
 - Employee's required contribution for self-only coverage does not exceed 9.56% (2018) of household income
 - This percentage is indexed with cost of living adjustments
 - 2017 – 9.69%
 - 2016 – 9.66%
 - 2015 – 9.56%
 - 2014 – 9.50%
- If self-only coverage is affordable and meets minimum value requirement, no employer mandate penalty applies



ACA Affordability IRS Guidance

- Notice 2015-87 guidance on affordability
 - HRA employer contributions
 - Employer flex contributions
 - Opt-out payments ←
 - Impact on taxpayers
 - Generally effective for plan years beginning on or after 12/16/2015 and all prior periods




Opt-out Payments

- Opt-out payments paid to employees who decline coverage may be required to be added to the employee self-only coverage premium to determine affordability
 - Opt-out payments that must be added, may increase monthly self-only coverage premium and if the premium is unaffordable, may cause ACA penalties to employer
- Example
 - Employer offers \$100 / month if employee declines health coverage
 - Employee self-only coverage monthly premium = \$100
 - Total monthly premium taken into account for affordability determination = \$200



Opt-out Payments

- IRS issued proposed premium tax credit regulations in 7/2016 which include proposed guidance on conditional opt-out payments
 - “Eligible opt-out arrangement” will not be included in self-only coverage premium for purposes of ACA affordability if the employee’s right to receive an opt-out payment is conditioned on the employee
 1. declining to enroll in the employer-sponsored coverage and
 2. providing evidence that the employee and dependents will have minimum essential coverage during the period of coverage the opt-out payment applies



Opt-out Payments

- Final IRS premium tax credit regulations published in 12/2016 failed to include final guidance on opt-out payments
- Until final regulations published, employers do not need to add opt-out payments to the self-only coverage premium (unless opt-out payments are adopted after 12/16/2015 – doesn't apply to a collectively bargained agreement)
- Stay tuned for final regulations

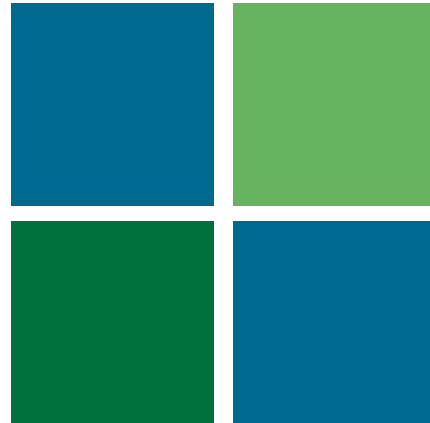


Impact of these Rules on Taxpayers – IRS Notice 2015-87, Q&A#9

- How do the opt-out payments rules impact employees and their eligibility for the premium tax credit?
 - Employees can add back in the opt-out payments to determine if their self-only coverage premiums are affordable
 - Employers may receive questions from employees about these particular benefits to help them determine affordability
 - If employers receive an IRS certification of PTC for such employees, employers will need to appeal the penalty based on Notice 2015-87, the proposed and final regulations guidance



ACA Healthcare Reform Update 2018 ACA Reporting Deadlines



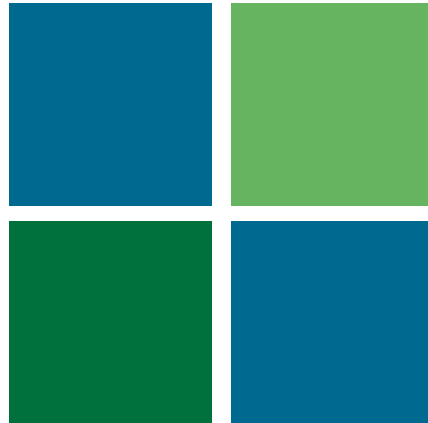
2018 ACA Reporting

- Form due dates

Form	Form Provided To	Due Date
1095-B	Covered Individuals	01/31/2019
1095-C	Full-time employees (or part-time employees covered under a self-insured plan)	01/31/2019
1094-B and 1094-C (transmittal forms)		
If filing electronically	IRS	04/01/2019
If not filing electronically	IRS	02/28/2019

- IRS may extend 1095-B & 1095-C deadlines to provide to individuals as they did for the 2017 forms

ACA Health Care Reform Update Cadillac Tax Extension



Cadillac Tax Extension of Time

- 40% excise tax on high-cost health coverage
- Originally effective for taxable years beginning after 2017 and extended to 2020
- The Federal Register Printing Savings Act, was passed on 01/22/2018 that extended the Cadillac tax to 2022 (tax years beginning after 2021)

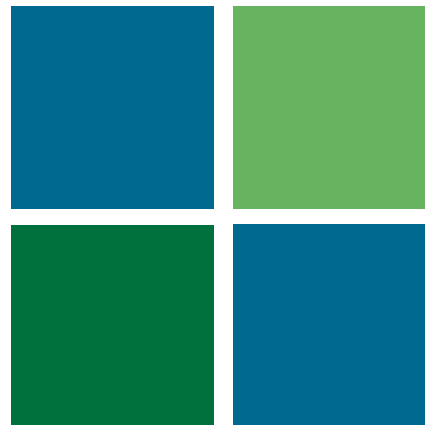


Cadillac Tax Extension of Time

- Unpopular ACA provision to all political parties
- Proposed legislation:
 - Repeals the Cadillac tax
 - Changes the way the tax is calculated, e.g., excludes FSA/HSA account-based plans from the calculation
- Employers should eventually do the following to avoid the tax
 - Determine which benefits will be included when calculating the tax
 - Take steps to reduce coverage costs such as:
 - Increase cost-sharing features such as deductibles and coinsurance (increasing employee share of premiums for coverage will not reduce the coverage's cost)
 - Changing benefits (adding preauthorization, network or telemedicine provisions)
 - Restricting contributions to account-based plans
 - Shifting employee contributions from pre-tax to after-tax where after-tax contributions are excluded from the tax's calculation (e.g., HSA contributions)
 - Limiting or excluding spousal coverage to lower the cost of family coverage
 - Be mindful of ACA minimum coverage and affordability rules with design changes to avoid ACA penalties



Increased DOL Civil Penalties



Increased DOL Civil Penalties Assessed After January 2, 2018

Violation	2018 Penalty	2017 Penalty
Failure to file an annual report (Form 5500) with the DOL (unless an exemption applies)	Up to \$2,140 / day	Up to \$2,097 / day
Failure to furnish plan-related information requested by the DOL	Up to \$152 per day, but not to exceed \$1,527 per request	Up to \$149 per day, but not to exceed \$1,496 per request
Failure to provide Summary of Benefits & Coverage (SBC)	Up to \$1,128 per failure	Up to \$1,105 per failure
Failure to provide the annual notice regarding CHIP coverage opportunities	Up to \$114 per day for each failure (each employees is a separate failure)	Up to \$112 per day for each failure (each employees is a separate failure)
Willful failure to post FMLA general notice	Up to \$169 for each separate offense	Up to \$166 for each separate offense

Delinquent 5500 Filings

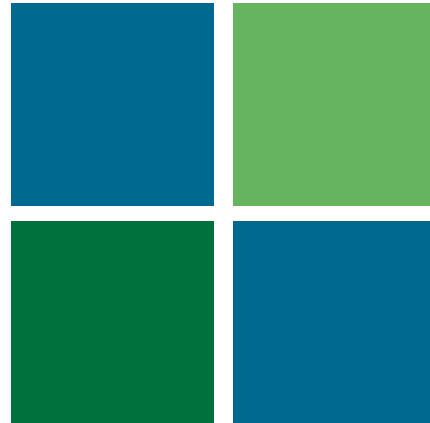
• DOL’s Voluntary Fiduciary Correction Program – Delinquent 5500 Filer Program

- \$10 / day not to exceed:
 - Single late 5500 form maximum penalty
 - Small plans (generally fewer than 100 participants) - \$750
 - Large plans (generally 100 participants or more) - \$2,000
 - Multiple late 5500 forms maximum penalty
 - Small plans - \$1,500
 - Large plans - \$4,000



- Penalties far less when you voluntarily remit late forms through the DOL program (civil penalty if caught - up to \$2,140 / day)
- <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/fact-sheets/dfvcp.pdf>

IRS and DOL Regulatory Guidance Priorities



DOL Expected Guidance

DOL Projects

Fiduciary rules

Final regulations published, but under review by new DOL leadership

Improved fee disclosure for welfare plans

Rules to ensure that fiduciaries of welfare plans have access to information necessary to determine whether an arrangement for services with a party in interest is reasonable

Modernization of the Form 5500 Series and Implementing Related Regulations Under the Employee Retirement Income Security Act of 1974 (ERISA)

DOL changed to long term initiative

See DOL site:

https://www.reginfo.gov/public/do/eAgendaMain?operation=OPERATION_GET_AGENCY_RULE_LIST¤tPub=true&agencyCode=&showStage=active&agencyCd=1200&Image58.x=39&Image58.y=9&Image58=Submit

IRS Expected Guidance

IRS Projects – July 2017 - June 2018

Guidance on issues under 4980H – Employer Shared Responsibility

Regulations under IRC Section 4980I regarding the excise tax on high cost employer-provided coverage (Cadillac Tax)

Guidance on certain transactions involving welfare benefit funds

See IRS Priority Guidance Plan for 3rd Quarter (published 5/9/2018):

https://www.irs.gov/pub/irs-utl/2017-2018_pgp_3rd_quarter_update.pdf



Thank You!

If you were unable to download our presentation handouts, please email Stacy Mendenhall at smendenhall@tri-ad.com

Judy Simons
760-705-3024
jsimons@tri-ad.com

Jason Ainge
760-705-3046
jainge@tri-ad.com

