

Benefits

BUZZ

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Insurance Office of America

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DOL Delays New Rules for Disability Benefit Claims

On Dec. 16, 2016, the Department of Labor (DOL) released a [final rule](#) to strengthen the claims and appeals requirements for plans that provide disability benefits and are subject to the Employee Retirement Income Security Act (ERISA). That rule has been [delayed](#) until **April 1, 2018**.

According to the DOL, concerns were raised that the final rule will impair workers' access to disability benefits by driving up costs and increasing litigation. During the delay, the DOL will review the final rule to determine whether it is unnecessary, ineffective or imposes costs that exceed its benefits.

Sponsors of ERISA plans that include disability benefits should continue to monitor the status of the final rule.

Protections for Disability Claimants

The final rule requires that plans, plan fiduciaries and insurance providers comply with additional procedural protections when dealing with disability benefit claimants. The final rule includes the following requirements for the processing of claims and appeals for disability benefits:

- Improvement to basic disclosure requirements
- Right to claim file and internal protocols
- Right to review and respond to new information before final decision
- Avoiding conflicts of interest
- Deemed exhaustion of claims and appeal processes
- Certain coverage rescissions are adverse benefit determinations subject to the claims procedure protections
- Notices written in a culturally and linguistically appropriate manner

Please contact Insurance Office of America with any questions.

DID YOU KNOW?

The Republican tax bill passed the Senate, marking an end to the Affordable Care Act's (ACA) individual mandate.

For how this may affect your employees or the health insurance marketplace, watch out for updates from Insurance Office of America.



Plan Ahead with ACA Reporting

Under the ACA, every applicable large employer (ALE) and every entity that provides minimum essential coverage, such as a health insurance issuer or sponsor of a self-funded plan, must comply with certain reporting requirements.

The ACA reporting rules require filing of an annual return with the IRS and furnishing of individual statements to certain employees.

Returns are due in early 2018 for health plan coverage offered or provided in 2017. Returns for 2017 must be filed with the IRS by **Feb. 28** (or April 2 if filed electronically, since March 31 is a Saturday). For the 2017 calendar year, written statements must be provided to employees no later than **Jan. 31**. **(Deadline Changed to March 2, 2018 for 2017 Reporting Year)**

Speak with us if you need any guidance on your 2017 filing requirements.

