



Important Deadlines Extended to Help Individuals Keep Benefits

May 2020



The Department of Labor (DOL) and the Internal Revenue Service (IRS) have issued a joint notification of relief and extension of certain deadlines, which was published on May 4, 2020. The purpose of this relief was to minimize the possibility of individuals losing benefits because of a failure to comply with certain deadlines due to the hardships many participants already face. This article summarizes the most important extensions for our clients.

This relief applies during the COVID-19 National Emergency. For this purpose, the National Emergency began on March 1, 2020, but **no end date is currently set**. All group health plans, other welfare plans, and retirement plans governed by ERISA or the Internal Revenue Code must disregard the period from March 1, 2020 through 60 days after the end of the National Emergency (unless the DOL or IRS announce a different end date) in determining for plan participants, beneficiaries, qualified beneficiaries, and claimants the following:

1. The 30-day period (or 60-day, if applicable, under CHIP) after the loss of eligibility or the addition of a dependent to be eligible for special enrollment rights. Note: The 60-day period for selecting individual health plan coverage has not been extended.
2. The 60-day period for an individual to notify the plan of a qualifying event for purposes of **COBRA**. This extension also applies to the 14-day period *for the plan* to provide the **COBRA** election notice to the individual.
3. The 60-day election period after loss of coverage to elect continued coverage under **COBRA**.
4. **The deadline for making premium payments under COBRA**. This includes any missed payments due on or after **March 1, 2020**, so you may need to review individuals who recently had their coverage terminated due to missed premium payments. More guidance may be needed to determine how to handle various scenarios.
5. The deadline under the plan's claims policy for an individual to file a claim for

benefits.

6. The deadline under the plan's claims policy for an individual to file an appeal after a claim has been partially or fully denied.
7. The deadline for an individual to request a final internal review or an external federal or state review after a claim has been partially or fully denied.
8. The deadline for an individual to provide information to perfect a claim that is in external review after a finding that the claim is not complete.

The Department of Health and Human Services (HHS) has reviewed the relief, concurs with it, and will encourage the adoption of similar policies for non-federal governmental group health plans and health insurance issuers.

Please contact our COBRA Department for questions
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The Team at Stanley Benefit Services, Inc.

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