

---

## **Welcome! We will begin at 3:00 ET.**

There will be no sound until we begin the webinar.

Thank you to the following Assurex Global Partners for sponsoring this event:

- Bolton & Company
- Cottingham & Butler
- Cragin & Pike, Inc.
- Daniel & Henry
- Dean & Draper Insurance Agency
- The Graham Company
- Henderson Brothers, Inc.
- The Horton Group
- Houchens Insurance Group
- The IMA Financial Group
- INSURICA
- Kapnick Insurance Group
- Lyons Companies
- The Mahoney Group
- MJ Insurance
- Oswald Companies
- Parker, Smith & Feek, Inc.
- R&R Insurance
- RCM&D
- The Rowley Agency
- Starkweather & Shepley
- Sterling Seacrest Pritchard
- WA Group
- Watkins Insurance Group
- Woodruff Sawyer
- York International

2023

# The Four Ws and H of 5500s

Presented by Benefit Comply

---

## Assurex Global Partners

- Bolton & Company
- Cottingham & Butler
- Cragin & Pike, Inc.
- Daniel & Henry
- Dean & Draper Insurance Agency
- The Graham Company
- Henderson Brothers, Inc.
- The Horton Group
- Houchens Insurance Group
- The IMA Financial Group
- INSURICA
- Kapnick Insurance Group
- Lyons Companies
- The Mahoney Group
- MJ Insurance
- Oswald Companies
- Parker, Smith & Feek, Inc.
- R&R Insurance
- RCM&D
- The Rowley Agency
- Starkweather & Shepley
- Sterling Seacrest Pritchard
- WA Group
- Watkins Insurance Group
- Woodruff Sawyer
- York International

---

# Agenda

- Who has to file 5500s
- Which plans have to file 5500s
- When are 5500s due
- Where to file 5500s
- How to complete 5500s
- Miscellaneous

---

# Health & Welfare Plans

- This webinar discusses Form 5500 requirements for ERISA health and welfare plans (medical, dental, life, etc.) **only**.
  - Many retirement plans (401(k), pension plans, etc.) are also required to file 5500s but we will not be addressing that filing requirement in this webinar.
  - Filing requirements and how to complete the 5500 are often very different for health and welfare plans vs. retirement plans and typically handled by different vendors.
  - This is a common source of confusion amongst employers – when asked if a 5500 has been filed, will often reply “yes” when only a retirement plan 5500 has been filed, not realizing there are additional filing requirements for the employer’s health and welfare plans.

---

# Who has to file

---

## Employers Who Have to File

- All employers who offer a health and welfare plan subject to ERISA must file a 5500 for those plans(s) except:
  - Government employers (*cities, counties, school districts, etc.*)
  - Church employers (*some church-affiliated employers, like schools, hospitals, etc. may qualify as church employers*)
- If all of the employer's health and welfare plans qualify for the small plan exception (*see next section*) then the employer would have no 5500 obligations either

---

# Which plans have to file



# ERISA Plans

- A 5500 is only required for health and welfare plans subject to ERISA.

## Common ERISA Plans

- Medical
- Dental
- Vision
- HRAs
- Health FSAs
- Rx Plans
- Telemedicine Plans
- Life Insurance
- STD / LTD (fully-insured or funded only)
- AD&D
- Business Travel Accident Plans
- Hospital Indemnity
- Critical Illness / Disease Specific Plans
- EAPs
- Prepaid legal
- Onsite medical clinics
- Onsite day care center
- Executive Reimbursement Plans
- Formal severance pay plans

## Non-ERISA Plans

- §125 POP plans
- Dependent Care FSAs
- Qualified Transportation Plans
- HSAs
- Identity Theft
- Pet Insurance
- Adoption Assistance
- Paid Time Off (vacation, sick, PTO, holiday pay, parental leave, self-funded STD plans paid out of general assets)
- Work comp
- State mandated paid disability and family leave benefits
- Educational assistance and tuition reimbursement plans

---

# Voluntary Plans

---

Plans that satisfy the *voluntary plan safe harbor* do not have to file a 5500

No contributions by employer

---

Participation in the plan is completely voluntary

---

Employer receives no consideration in the form of cash or otherwise in connection with the program, other than reasonable compensation for administrative services actually rendered in connection with payroll deductions

---

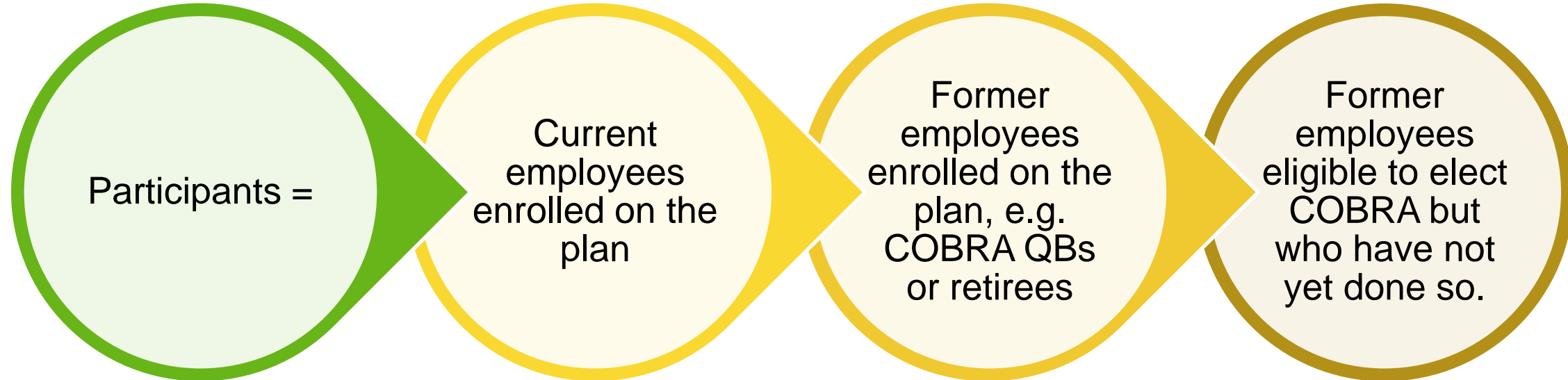
Sole functions of the employer, *without endorsing the program*, is to permit the insurer to publicize the program to employees, to collect premiums through payroll deductions

---

- Employee contributions must generally be paid after-tax – pretax premiums violate conditions 1, 3 and/or 4
- Most plans fail the “no endorsement” requirement – selecting insurer; negotiating rates and plan design; using employer name or associating with other benefits, e.g. in a benefit enrollment booklet; recommending the plan; saying ERISA applies, e.g. in a wrap; assisting with claims.

## Small Plan Exception

- A plan with less than 100 participants on the first day of the plan year does not have to file a 5500 unless the plan is funded.



- Dependents enrolled on the plan are **not** counted as participants for this purpose.
- Do **not** rely on Schedule A data – Schedule A reports number of participants on the *last day* of the plan year.

---

# Small Plan Exception

## Unfunded:

- Most ERISA plans are unfunded. A plan is unfunded if benefits are paid through an insurance policy or out of the employer's general assets.

## Funded:

- A “funded” plan is one where benefits are paid from funds that are set aside in a custodial account or trust fund for the exclusive benefit of plan participants, e.g. a VEBA. All funded plans must file a Form 5500, regardless of the number of plan participants.

---

## How Many Plans?

- Each ERISA plan with more than 100 participants must file a separate 5500.
- Default rule is that each benefit with its own policy/contract/plan document is a separate plan, except for benefits of the same type.
  - E.g. #1 Medical plan, dental plan, and life insurance plan are funded through three separate insurance contracts issued by three different carriers
    - Three plans, three 5500s
  - E.g. #2 Medical plan and dental plan issued by same insurance company but separate contracts which each employee can elect individually
    - Two plans, two 5500s
  - E.g. #3 Medical plan issued with three different plan design options administered by a single TPA but with a separate SPD for each option
    - One plan, one 5500

# How Many Plans?

2020 Plan Year			
Medical • 75 participants	Dental • 50 participants	Life • 95 participants	<b>No 5500s required</b>

↓

2021 Plan Year			
Medical • 92 participants	Dental • 75 participants	Life • 110 participants	<b>One 5500 - Life</b>

↓

2022 Plan Year			
Medical • 107 participants	Dental • 85 participants	Life • 127 participants	<b>Two 5500s – Medical + Life</b>

↓

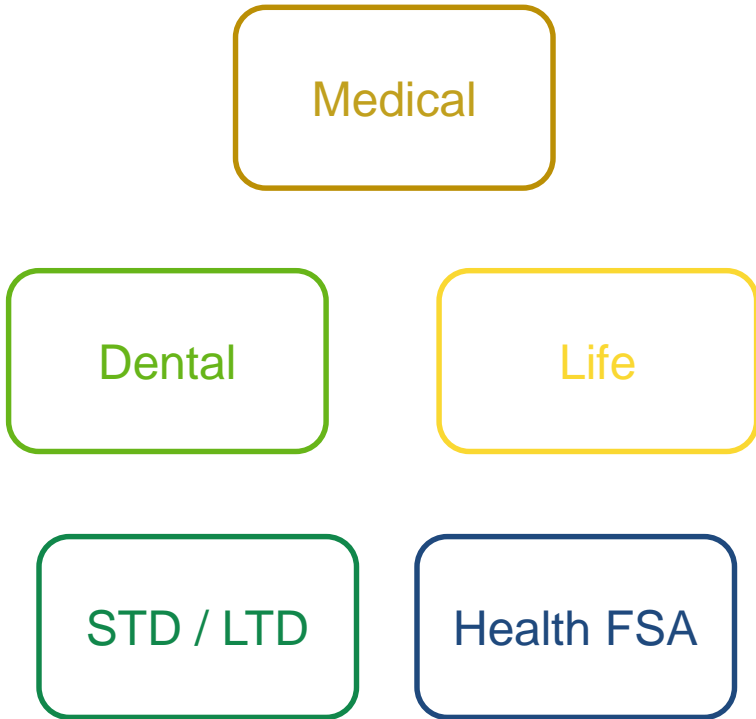
2023 Plan year			
Medical • 122 participants	Dental • 101 participants	Life • 142 participants	<b>Three 5500s – Medical + Dental + Life</b>

---

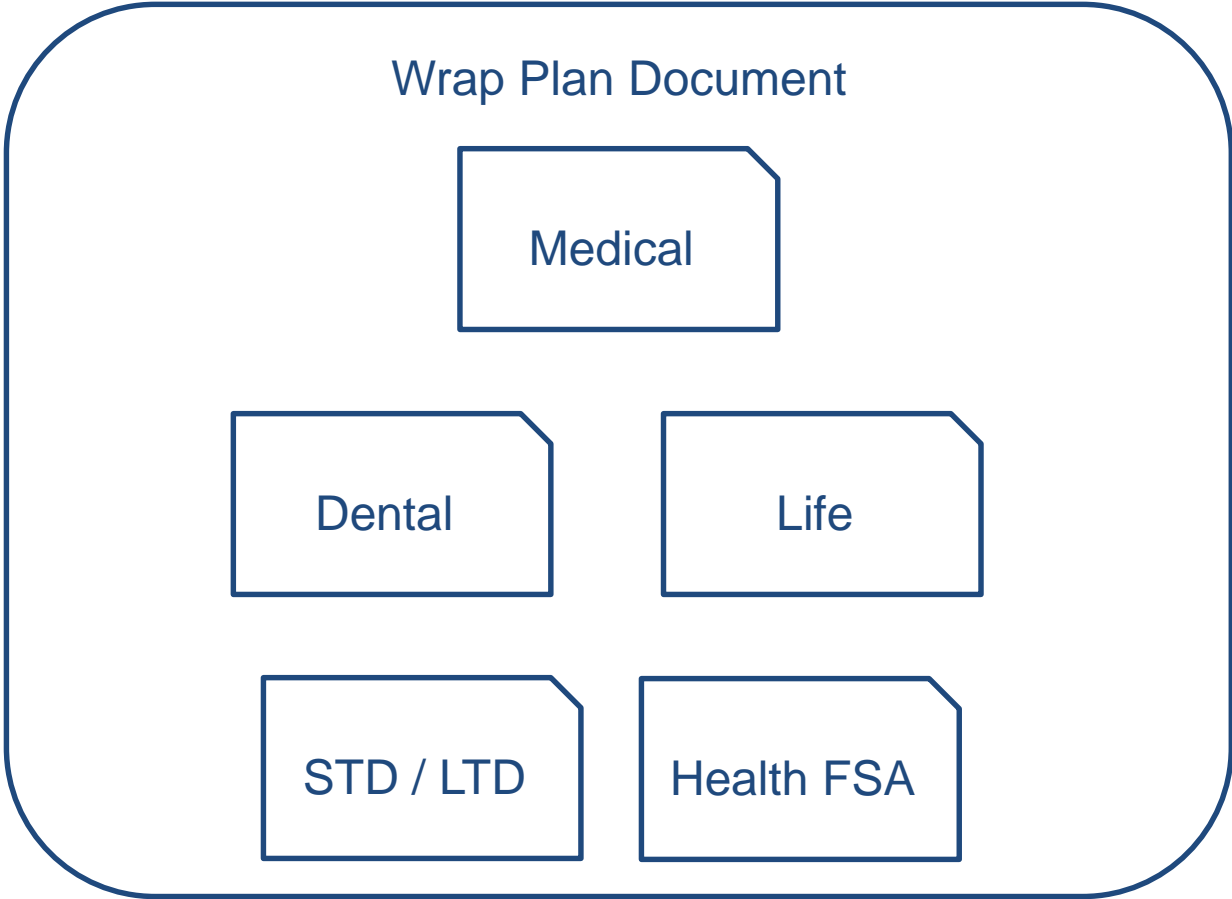
## How Many Plans?

- But employer can control the number of plans via plan documents - if plan document indicates separate benefits are a single plan then plan document controls.
- This is most often done through the use of a ***wrap plan document*** that bundles separate benefits into a single “megaplan” or wrap plan.
  - Each component will typically continue to have its own SPD / certificate / plan document, which is incorporated into the wrap plan by reference.
  - The wrap plan document may also override or clarify certain aspects of the component plan documents, such as plan years or eligibility criteria, or plug compliance gaps in the component plan documents.
  - SPD for the wrap plan consists of the wrap plan document + the component plans’ SPDs/plan documents/certificates.
  - Wrap plan SPD must be distributed to participants the same as any other SPD

# Wrap Plan



No wrap document  
Five plans  
Five 5500s



Wrap document  
One plan, five components  
One 5500



---

# Wrap Plan

- Common mistake is to file a single 5500 for all benefit plans without a wrap plan document in place
  - Without a wrap plan document, each benefit plan will need its own 5500.
- Should an employer just automatically wrap all benefit plans?
  - Not necessarily. If you include a component plan with less than 100 participants in the wrap, component plan will have to be accounted for in the wrap plan 5500, including obtaining a Schedule A if fully-insured. If you leave that component plan out of the wrap, while it remains a separate plan, no 5500 is required since it has less than 100 participants.
  - Better strategy is usually to wrap only those component plans with 100+ participants then amend the wrap document in future years to add other component plans as they go over 100 participants or remove them if they drop below 100 participants.

---

## Wrap Plan

- Does an employer have to include all of its component plans in a single wrap plan document?
  - No. There may be circumstances where it makes sense to create more than one wrap plan.
    - E.g. #1 Different work sites have different benefit options, carriers, eligibility rules, etc. For clarity, it may be preferable to create a separate wrap document for each location than to wrap them all together.
    - E.g. #2. One class of employees, e.g. physicians & nurses, receive significantly better benefits than other employees, e.g. support staff, which the employer may not want to highlight by wrapping all of the benefits together into a single wrap plan; separate wrap plans for each class of employees may be preferable.
  - If there are multiple wrap plans, then each wrap must file its own separate 5500.

---

# When are 5500s due

## 5500 Due Date

- 5500 for a given plan is due last day of the 7<sup>th</sup> month after the end of the *plan year*.

Plan Year	5500 Due Date	Extended Due Date
7/1/2021 – 6/30/2022	January 31, 2023	April 15, 2023
8/1/2021 – 7/31/2022	February 28, 2023	May 15, 2023
9/1/2021 – 8/31/2022	March 31, 2023	June 17, 2023
10/1/2021 – 9/30/2022	May 1, 2023	July 15, 2023
11/1/2021 – 10/31/2022	May 31, 2023	August 15, 2023
12/1/2021 – 11/30/2022	June 30, 2023	September 16, 2023
<b>1/1/2022 – 12/31/2022</b>	<b>July 31, 2023</b>	<b>October 15, 2023</b>
2/1/2022 – 1/31/2023	August 31, 2023	November 15, 2023
3/1/2022 – 2/28/2023	October 2, 2023	December 16, 2023
4/1/2022 – 3/31/2023	October 31, 2023	January 15, 2024
5/1/2022 – 4/30/2023	November 30, 2023	February 17, 2024
6/1/2022 – 5/31/2023	January 2, 2024	March 16, 2024

- If due date is a Saturday, Sunday or federal legal holiday due date is the next day that is not a Saturday, Sunday or federal legal holiday.
- Automatic 2-1/2 month extension available as long as Form 5558 is filed on or before the original due date.

---

## Plan Year

- The plan year starts on the plan renewal date and ends 12 months later unless the plan document lists a different plan year.
  - Short plan years of less than 12 months are allowed, e.g. if employer shifting renewal dates to calendar year, but require a separate 5500 for the short plan year.
    - E.g. Original plan year is 9/1/2021 – 8/31/2022. Employer runs a short plan year from 9/1/2022 – 12/31/2022 then a regular 12 month plan year from 1/1/2023 – 12/31/2023 to align with calendar year. 5500s for these three plan years are due March 31, 2023; July 31, 2023; and July 31, 2024.

---

## Plan Year

- The plan year starts on the plan renewal date and ends 12 months later unless the plan document lists a different plan year.
  - Plan years cannot extend longer than 12 months even if carrier extends policy year or gives a rate guarantee for longer than 12 months.
    - E.g. Original plan year is 9/1/2021 – 8/31/2022. Carrier agrees to a 16 month contract and rate guarantee from 9/1/2022 – 12/31/2023 to bring plan in alignment with calendar year. Employer **cannot** choose a 16 month plan year for 5500 purposes. There must be a regular 12 month plan year and short 4 month plan year at either the start (9/1/2022 – 12/31/2022) or end (9/1/2023 – 12/31/2023) of this 16 month period with separate 5500s for both plan years.

---

# Plan Year

- For a wrap plan, the wrap plan year should be spelled out in the wrap plan document.
  - The wrap plan year may be different from the plan year(s) of the component benefit plans. The due date for the 5500 is based on the wrap plan year.
  - Where a component benefit plan year is different from the wrap plan year, when reporting information on the component plan, e.g. on Schedule A, use the component plan year that ended during the wrap plan year.
    - E.g. Wrap plan year is 1/1/2022 – 12/31/2022. Component dental plan renews on 7/1. Dental plan Schedule A should be for the year 7/1/2021 – 6/30/2022, the plan year that ended during the wrap plan year.

---

# Where to file



---

# Electronic Filing

- All 5500s must be filed electronically using either EFAST2 approved third-party software or the government's free online IFILE system; there is no paper filing option.
  - Most employers use EFAST2 through a 3<sup>rd</sup> party vendor.
  - Vendor can prepare the forms and schedules for submission but employer must still electronically sign the form

---

# How to complete the 5500

---

## Main Body & Schedules

- Form 5500 consists of Main Body and up to six schedules.
  - [Schedule A](#) - Insurance Information
  - [Schedule C](#) - Service Provider Information
  - [Schedule D](#) - DFE/Participating Plan Information
  - [Schedule G](#) - Financial Transaction Schedules
  - [Schedule H](#) - Financial Information
  - [Schedule I](#) - Financial Information - Small Plan
- In reality most plans will need only a Schedule A for fully-insured plans/components and no other schedules.
  - Some TPAs and vendors will automatically generate a Schedule C for self-funded plans but a Schedule C only needs to be filed with the 5500 if the plan is funded.
  - Unfunded plans do not need to file Schedules C – I.

# Main Body

<b>Form 5500</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b>  <small>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</small>  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	<small>OMB Nos. 1210-0110 1210-0089</small>  <div style="border: 2px solid red; border-radius: 50%; width: 40px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <b>2022</b> </div>  <b>This Form is Open to Public Inspection</b>
<b>Part I Annual Report Identification Information</b> <small>For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____</small>		
<b>A</b> This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)		
<b>B</b> This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____		
<input type="checkbox"/> the first return/report <div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;"> <input checked="" type="checkbox"/> the final return/report         </div> <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)		
<b>C</b> If the plan is a collectively-bargained plan, check here. .... <input type="checkbox"/>		
<b>D</b> Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)		
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... <input type="checkbox"/>		
<b>Part II Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan  <div style="background-color: #e0e0e0; height: 40px;"></div>	<div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;"> <b>1b</b> Three-digit plan number (PN) ▶         </div>	
	<b>1c</b> Effective date of plan  <div style="background-color: #e0e0e0; height: 20px;"></div>	
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <div style="background-color: #e0e0e0; height: 100px;"></div>	<b>2b</b> Employer Identification Number (EIN)  <div style="background-color: #e0e0e0; height: 20px;"></div>	
	<b>2c</b> Plan Sponsor's telephone number  <div style="background-color: #e0e0e0; height: 20px;"></div>	
	<b>2d</b> Business code (see instructions)  <div style="background-color: #e0e0e0; height: 20px;"></div>	

- Use the version of the form for the year in which the plan year begins, e.g. a plan with a 10/1/2021 – 9/30/2022 PY filing in April 2023 uses the 2021 version of the form.
- If a plan is terminated mark the 5500 for the final year of the plan as “final return/report” so DOL knows not to expect a 5500 next year. A component plan being added to a wrap plan is terminated and should be marked final if a 5500 was previously filed. Do **not** check this box for a plan dropping below 100 participants.
- Each plan should be given a unique 3 digit plan number starting with 501. Once a plan number is assigned to a given plan it should not be re-used for any other plans, even if the original plan is terminated.

# Main Body

<b>Form 5500</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b>  <small>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</small>  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	<small>OMB Nos. 1210-0110 1210-0089</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
<b>Part I Annual Report Identification Information</b> <small>For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____</small>		
<b>A</b> This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____		
<b>B</b> This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)		
<b>C</b> If the plan is a collectively-bargained plan, check here. .... <input type="checkbox"/>		
<b>D</b> Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)		
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... <input type="checkbox"/>		
<b>Part II Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan	<b>1b</b> Three-digit plan number (PN) ▶	
<b>1c</b> Effective date of plan		
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) <small>Mailing address (include room, apt., suite no. and street, or P.O. Box)          City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</small>	<b>2b</b> Employer Identification Number (EIN)	
<b>2c</b> Plan Sponsor's telephone number		
<b>2d</b> Business code (see instructions)		

- The name of the plan and the name of the plan sponsor may be different. The plan name is the official name used in the plan documents.
- For a plan offered by a single employer, that employer is the plan sponsor. For a controlled group with a single plan for multiple employers in the controlled group, the plan documents should list the name and EIN of the company that is the plan sponsor. This is often the parent company of the controlled group but it does not have to be.
- If a single plan is covering employees of multiple employers that are not related through a controlled group, you now have a MEWA. MEWAs are subject to unique reporting requirements that are beyond the scope of this webinar.

# Main Body

<b>5</b>	Total number of participants at the beginning of the plan year	<b>5</b>	
<b>6</b>	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b>	Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	
<b>a(2)</b>	Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	
<b>b</b>	Retired or separated participants receiving benefits.....	<b>6b</b>	
<b>c</b>	Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b>	Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	
<b>e</b>	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	
<b>f</b>	Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g</b>	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g</b>	
<b>h</b>	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	

- Unfortunately 5500 instructions do not distinguish between active and retired / separated participants for health and welfare plans; there is only a definition provided for retirement plans.
- Any reasonable breakdown is likely acceptable – many employers count current employees (including COBRA QBs due to a reduction in hours) in 6a; former employees on COBRA and retiree plans in 6b; and pending COBRA QBs in 6c. Also reasonable to include all participants other than pending COBRA QBs in 6a and pending COBRA QBs in 6.c.

- Participants = current employees enrolled + former employees enrolled + COBRA qualified beneficiaries still in COBRA election period.
- For a wrap plan, count each unique participant in all of component plans.
  - E.g. Alex is enrolled in medical and dental components of wrap plan; Pat is enrolled in just dental. Alex and Pat are each counted as a single participant in the wrap plan.
  - Note this means you cannot simply total number of participants from each Schedule A as that will double count participants enrolled in multiple plans.

# Main Body

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**8b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

4A Health (other than vision or dental).

4B Life insurance.

4C Supplemental unemployment.

4D Dental.

4E Vision.

4F Temporary disability (accident and sickness).

4G Prepaid legal.

4H Long-term disability.

4I Severance pay.

4J Apprenticeship and training.

4K Scholarship (funded).

4L Death benefits (include travel accident but not life insurance).

4P Taft-Hartley Financial Assistance for Employee Housing Expenses.

4Q Other.

4R – Plan has dropped below 100 participants and will not file a 5500 next year

4S – Plan previously stopped filing because of drop in participant count but has once again gone over 100 participants

These two codes don't apply very often but are often missed when they do

- 9a and 9b should almost always be the same for a health and welfare plan.
- Most often insurance, general assets of plan sponsor, or both, e.g. a wrap plan with both self-funded and fully-insured component plans.
- Stop loss insurance is rarely, if ever, reported on a 5500; do not check “Insurance” for a self-funded plan where the only insurance is stop loss.

---

# Schedule A

- Each fully-insured plan must have a Schedule A attached to the 5500.
  - Most insurance companies will automatically issue a Schedule A for any plans or component benefit plans with more than 100 participants.
    - Note that Schedule A lists participant count as of the *last* day of the plan year, not the first day.
  - Employer’s responsibility to request Schedule A if not automatically furnished.
    - If wrap plan as a whole has more than 100 participants, Schedule A must be requested and included for all fully-insured component plans even if they have less than 100 participants
    - If for some reason a carrier will not furnish a Schedule A, employer must nevertheless complete a Schedule A to the best of their ability and indicate that the carrier failed to provide the required information.
  - Carriers will typically issue Schedule A based on policy renewal date.
    - If this is different than the plan year, use the Schedule A for the policy year that ends within the plan year.
    - Can also ask the carrier if they will re-issue the Schedule A based on dates of the plan year – some carriers are willing to do this, others are not.



---

# Self-Funded Plans

- Most self-funded plans, including Health FSAs, will not have any schedules.
  - No Schedule A because not fully-insured.
  - No Schedule C – I because claims paid out of the employer’s general asset
  - Consequently, self-funded plans that are part of a wrap plan are often largely “invisible” on the 5500 except to the extent they contribute to the participant counts on Lines 5 and 6 of the main body; their benefit code on Line 8; and their funding source on Line 9.

---

# Miscellaneous

---

# DFVC

- Delinquent Filer Voluntary Compliance (DFVC) Program
  - Employers who are late filing 5500s can use the DFVC to file missing 5500s.
  - Employers who use DFVC pay reduced late filing penalties
    - \$10 per day
    - But no more than \$2000 per plan per year or \$4000 per plan total
    - Compared to standard penalty of \$2400 **per day** if DOL discovers missing 5500s on its own
  - Technically not supposed to retroactively wrap plans before completing DFVC.
    - E.g. If employer had four plans with more than 100 participants with no wrap document and missed 5500 filing for 3 years, employer should file four separate late DFVC filing for a total penalty of \$16,000. Can then wrap plans to file only one 5500 going forward.

---

## Form 5500 Search

- Can search both health and welfare and retirement plan 5500s on DOL website.
- Search by:
  - Plan Name
  - Plan Sponsor
  - EIN
  - Other filters available

<https://www.efast.dol.gov/5500Search/>

2023

# Thank You. Questions?