It Benefits You

Your Employee Benefits Newsletter

May 2021

In This Issue:

- Upcoming Compliance Deadlines
- When Stress Affects an Employee's Mental Health
- American Rescue Plan Act (ARPA)
  - COBRA Subsidy FAQs
  - Employment-Related Provisions Webinar Recording
  - Implications for Retirement Plans
  - FFCRA Leave Updates
- Compliance Tips for Employers Considering a Move to Self-Funded Major Medical
- McGriff May Webinar Opportunities
  - COVID-19: Developing Your Recovery Plan
  - OSHA COVID Update
  - McGriff Sponsored ThinkHR Demo
  - Common Cyber Incident Reporting Mistakes and How They Can Affect Your Cyber Claim
  - Train Your Supervisors: Union Avoidance

We're celebrating each and every one of our valued clients during the month of May as part of our first **"May We Say Thank You"** month. And to express our gratitude, the McGriff Leadership Team has prepared a special message for you below.

Please know that we're grateful for you each and every day. One way we show our appreciation is by sharing our thought leadership through publications such as this newsletter, *It Benefits You*. Keeping you abreast of important matters relating to the administration of your employee benefits is a top priority at McGriff.

Our client first philosophy drives everything we do - and we wanted to take time today to ensure that you know how much we truly value our partnership. So thank you!

From all of us at McGriff, again, thank you.

Julie George

McGriff Employee Benefits
Client Experience Leader

Upcoming Compliance Deadlines

Correction of Excess Contributions to HSAs - EXTENDED

If funds were contributed in excess of an employee's contribution limit or for an ineligible individual, they may be subject to penalty and an excise tax, unless the excess and earnings are corrected by the federal tax-filing deadline (including any extensions). Notice 2021-21 extended certain tax deadlines to May 17, 2021. The Notice automatically postpones the time for individuals to make 2020 contributions to their HSAs, as well as IRAs, Roth IRAs, Archer MSAs, and Coverdell education savings accounts.

Deadline to distribute the ARPA Notice of COBRA Extended Election Period

Among many other things, the American Rescue Plan Act (ARPA) provides for fully subsidized COBRA premiums from April 1 through September 30, 2021. The deadline for plans to distribute the Notice of Extended Election Period is May 31, 2021. This is the notice directed at people who had COBRA qualifying events due to involuntary termination of employment or reduction in hours occurring generally between October 1, 2019 and March 31, 2021, prior to the start of the COBRA subsidy requirement. See COBRA Subsidy FAQs for more information on ARPA's COBRA subsidy provisions and extension of FFCRA tax credits.

When Stress Affects an Employee's Mental Health

Q: An employee says that the stress of the job is affecting their mental health. How should we handle this?

A: This employee may just need to talk through their concerns and get your help prioritizing or delegating. They may, for example, feel like every single thing on their to-do list is life-or-death by Friday at close of business, when that's not really the case. Some manager guidance can go a long way, especially for your employees who are usually self-directed.

On the other hand, the stress and mental health effects the employee describes may rise to the level of a disability under the Americans with Disabilities Act (ADA). In this case, we would recommend beginning the interactive process to determine what, if anything, can be done to accommodate them so that the essential functions of the job get done to your standards and the employee is able to keep working. As part of this conversation, you can request a doctor's note to substantiate the disability.

If you have more general concerns about the effects of stress in your workplace, you might consider ways to help your employees reduce and manage their stress. Tried and true methods include offering health benefits so employees can access health care professionals and paid time off so they can take a day here and there to rest and recharge. Simply encouraging employees to support one another and allowing them breaks during the day can also be a great help.

This article was published by our strategic partners at ThinkHR (authored by Kyle Krupp) and reprinted with permission.

McGriff COBRA Administration:
ARPA & COBRA FAQs

Q. What are the COBRA Subsidy provisions of the American Rescue Plan Act (ARPA)?

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA). Among many other things, ARPA provides for a 100% continuation coverage premium subsidy for Assistance-Eligible Individuals (AEIs) for the period from April 1, 2021 through September 30, 2021 (Subsidy Period). AEIs will not need to pay any amount for continuation coverage while subsidy eligible. In most cases, the employer will be responsible for paying the premiums for AEIs, but will be refunded the full COBRA premium amount (including the 2% administration fee) through a payroll tax credit. The COBRA subsidy in ARPA applies to group health plans subject to federal COBRA and state continuation coverage.

Q. Who are Assistance Eligible Individuals (AEIs)?

AEIs are COBRA or state continuation qualified beneficiaries whose maximum continuation coverage period overlaps with the Subsidy Period and who lost employer sponsored health coverage as a result of a (1) reduction in hours; or (2) involuntary termination of employment.

- **Reduction in Hours** - Includes reduced hours due to change in a business's hours of operations, a change from full-time to part-time status, taking of a temporary leave of absence, or an individual's participation in a lawful labor strike, as long as the individual remains an employee at the time that hours are reduced.
- **Involuntary Termination** – While additional guidance from the regulatory agencies is needed to clearly define when a termination is "involuntary," this determination will necessarily be based on the specific facts and circumstances of the separation. The DOL has confirmed that if the employee's termination of employment was for gross misconduct, the employee and any dependents would not qualify for COBRA continuation coverage or the premium assistance (see next question/answer for a more detailed discussion of this limitation).

This includes (1) future qualified beneficiaries who lose coverage before the end of the Subsidy Period; (2) current beneficiaries presently enrolled in continuation coverage; and (3) beneficiaries whose continuation period overlaps with the Subsidy Period but are not actively enrolled in COBRA due to a past failure to elect or a past failure to make a premium payment. This third group of "look-back" AEIs includes and individuals whose 18-month COBRA coverage period began as early as October 2, 2019. **AEIs also include any spouse or dependents that lost coverage as a result of the employee's reduction in hours or involuntary termination**.

Q. What makes a COBRA qualified beneficiary ineligible for the subsidy?

Any AEI that loses coverage as a result of involuntary termination, even if that termination was for cause, is eligible for a premium subsidy as long as the involuntary termination was not the result of "gross misconduct." Employees terminated for gross misconduct are not eligible for COBRA generally and, therefore, not eligible for the subsidy. While there is no uniform definition of gross misconduct, it is a very high standard that is not synonymous with "for cause." Poor performance and violations of company policy generally will not rise to a level that would constitute gross misconduct. Employers should be very careful when denying COBRA due to gross misconduct and should do so only after consulting with benefits counsel. But again, an AEI that loses coverage as a result of any involuntary termination that does not rise to the level of gross misconduct is both COBRA and subsidy eligible.

Additionally, a COBRA qualified beneficiary will not be eligible for the subsidy:

- Once the individual reaches the end of his/her maximum COBRA continuation period;
- If the individual is eligible for Medicare; or
- If the individual is eligible for other group health coverage (e.g., coverage under another employer plan or a spouse's plan).

Cont'd

- Note: Coverage under a plan covering only excepted benefits, a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) or a Flexible Spending Arrangement (FSA) will not disqualify an AEI from subsidy eligibility.

Q. How long does the ARPA Subsidy last?

The Subsidy Period is from April 1, 2021 through September 30, 2021, and AEIs can receive subsidized coverage for any month of continuation coverage that overlaps with the Subsidy Period. As noted above, the subsidy does not extend the maximum continuation coverage period; accordingly, subsidy eligibility for any AEI will end early in the event the AEI exhausts the maximum continuation coverage period. Subsidy eligibility will also end early for any AEIs who become eligible for other group health coverage or Medicare. Other group health coverage is coverage under another employer-sponsored group health plan, including eligibility under a spouse's employer plan. AEIs are required to notify the plan in the event of eligibility under Medicare or another group health plan. Failure to notify the plan could lead to a $250 penalty or more in the event the failure to notify the plan was fraudulent.

Q. What notice must plans provide to AEIs?

Plans must provide AEIs with notice of subsidy eligibility. For future AEIs, subsidy information should be integrated with the Specific Rights Notice provided upon loss of coverage. For AEIs who previously experienced a qualifying event, including AEIs not currently enrolled in COBRA, plans must provide a separate notice of subsidy eligibility no later than May 31, 2021. The Department of Labor released a model notice plans can use to satisfy the notice requirement. In addition, plans need to provide AEIs a notice of subsidy termination within 15-45 days before the subsidy expires, except for AEIs whose subsidy eligibility ends because the AEI is eligible for other coverage.

Q. Does ARPA create any new COBRA election periods?

Yes. A second 60-day election period must be offered to certain AEIs who did not elect federal COBRA coverage during their initial election period or elected and subsequently stopped paying premiums. These AEIs will have the opportunity to elect subsidized coverage for any month of COBRA coverage that overlaps with the Subsidy Period. Coverage will be effective April 1, 2021, and the COBRA participant will not be required to enroll in COBRA prior to April or pay retroactive premiums. The maximum duration of coverage (18 months) is measured from the date of coverage loss. This 60-day election period only applies to AEIs eligible for federal COBRA.

Q. Does ARPA extend the maximum duration of COBRA?

No. ARPA does not extend the qualified beneficiaries maximum number of months of continuation coverage.

Q. What happens at the end of the premium assistance on September 30, 2021?

If the member has not exhausted his/her COBRA eligibility the member may continue COBRA coverage by resuming payment of COBRA premiums.

The AEI will have a special enrollment period at the end of the premium assistance to enroll in individual coverage on the Marketplace.

As employers navigate these changes, their COBRA Third Party Administrator will likely be instrumental in the process. Employers who use McGriff's Employee Benefits Solutions for their COBRA administration services have already received specific communications with instructions on how to address these changes. If you would like insight into how McGriff's COBRA administration is assisting its clients, please click here for more information!

Joan Waddell

McGriff COBRA & Direct Billing Services

Employment-Related Provisions of the American Rescue Plan Act Webinar

On March 30, over 1,500 attendees joined the McGriff Compliance Team on our "Employment-Related Provisions of the American Rescue Plan Act" webinar! We addressed questions and provided an overview on COBRA subsidy requirements, extension of employer tax credits for FFCRA employee leave, increase in DCAP contribution limits, and the effects of ARPA on retirement benefits. Click here to listen to the webinar recording. *When prompted, enter the following password: **Mcgriff2021!**

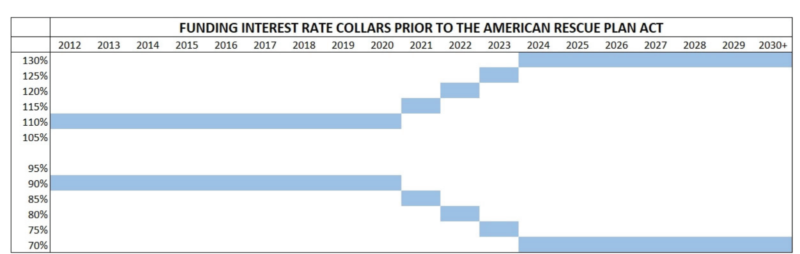
American Rescue Plan Act:

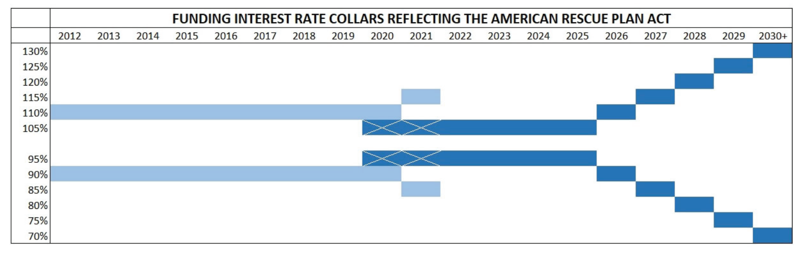
Implications for Defined Benefit Plans

The American Rescue Plan Act of 2021, a $1.9 trillion stimulus package passed as part of the federal government's response to address the economic effects of the COVID-19 pandemic, was signed into law on March 11, 2021. The Act includes several provisions that will impact single-employer defined benefit plans. The provisions will reduce the minimum required contributions for most pension plan sponsors, and include options for early or retroactive application of some of the rules to plan years as far back as 2019. Plan sponsors now have decisions to make, since early or retroactive adoption of the various provisions may not be to their advantage.

Changes to Interest Rates used in the Valuation

The interest rate smoothing technique already in place under current funding relief laws dates back to 2012. The law extended the averaging period used to generate the segment interest rates for purposes of calculating a plan's minimum required contributions and funding percentages, and applied a collar to the resulting averaged segment rates. This had the combined effect of increasing the effective rates – thereby decreasing the liabilities, normal costs, and the resulting required contributions to the plan –while increasing the plan's funding percentages.





Option to elect to defer implementation until as late as 2022

The current funding relief was set to expire in 2024, but is now extended to 2030 under the American Rescue Plan Act, with the rate collar narrowed in each affected year. The combined effects of these and other changes provided by the Act will further reduce the liabilities, normal costs, and required contributions, and result in additional increases in funding percentages beyond the effects of the current relief laws. The adjustments to the interest collars are illustrated in charts to the right.

The interest rate changes under the Act apply for plan years beginning in 2020. There is an option to defer use of the new rates to as late as 2022 for purposes of calculating both minimum required contributions and funding percentages, or only for the purpose of calculating funding percentages, which are used to determine whether statutory benefit restrictions apply.

As noted, the changes to interest rate smoothing will increase the segment rates used for calculating the plan's primary liability measures: the funding target and target normal cost. This means those items will be lower (potentially 5-10% lower) under these new rules, provided the plan uses segment rates to calculate its funding target. If a plan uses the full yield-curve in the determination, this provision of the Act will have no effect on the plan.

Cont'd

Changes to Shortfall Amortization Mechanisms

Generally, the minimum required contribution under a pension plan includes a seven-year amortization of the funding shortfall. Under the Act, it was increased to 15 years. In addition, existing shortfall amortization bases will be eliminated, and a new, single shortfall amortization amount will be established at the time of implementation of the Act. Coupled with the change in interest rates, the changes to the shortfall amortization processes will generally serve to lower the plan's minimum funding requirement even further, potentially by a significant amount. Changes to the amortization process are effective for the 2022 plan year, and plan sponsors are being given an option to elect to apply the new amortization rules as early as the 2019 plan year.

What It all Means -- Considerations for Plan Sponsors

For cash-strapped employers already following a policy of making only the minimum contribution, the Act provides meaningful additional relief, especially if it is applied retroactively. However, retroactive application of the relief will likely result in the need for revised funding valuations and government forms filings, which in turn will likely cause additional consulting fees. Also, as of this writing, there are some unanswered questions regarding the mechanics of applying these changes retroactively –with respect to how the contribution requirements and other valuation outcomes already determined in earlier years would be modified by the overlay of revised values. For example:

- If a plan sponsor applies one or both of the interest rate relief and shortfall amortization relief back to an earlier plan year when they had already met their original (higher) minimum contribution requirement for the year, will they now be able to characterize the prior contributions as excess contributions? If so, can they be used to create additional pre-funding balance or to restore any balances that were previously applied to satisfy the original minimum?

- How will lower retroactive obligations impact the funded percentages? These percentages reflect the ratios of assets to liabilities, and, if below certain thresholds, have effects on operational issues like the required timing of plan contributions and restrictions on benefit payments. Will plan sponsors be able to retroactively avoid benefit restrictions and pay benefits that were previously limited?

While the funding relief might be attractive, it can also be said that relaxing statutory funding requirements neither improves the long-term health of poorly-funded plans, nor promotes funding levels required for those plans that are seeking to terminate operations and make full settlement of all benefits that are due. Employers are best advised to fund at a higher level appropriately tailored to the specific circumstances of their plan, and avoid the temptation to deposit at the newly-diminished minimum threshold.

For those plan sponsors already funding more than the minimum legal requirement, this legislation may have no significant usefulness. They might choose to continue funding in excess of the new lower minimum, create even larger prefunding balances, lower premiums on government insurance that protects against plan insolvency (PBGC premiums), and/or achieve termination sufficiency sooner. Also, sponsors with over-funded plans or plans that had no minimum contribution due might not be impacted at all.

In summary, there are many facets to the relief offered under the Act that may or may not benefit a particular plan sponsor, given their plan and their company's current situation. Plan sponsors should consult with the plan's actuary for assistance both in deciding whether to take advantage of the lower funding requirements versus following a policy of making larger contributions, and in determining the best time frame to implement the relief provisions for their plan.

Dan Berry, FSA, MAAA, EA
Consulting Actuary
McGriff Retirement Solutions

ARPA Includes FFCRA Leave Updates

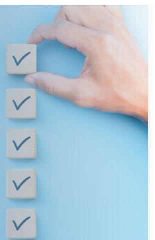
The American Rescue Plan Act (ARPA) includes changes to emergency paid sick leave and paid family leave under the Families First Coronavirus Response Act (FFCRA). The ARPA extended tax credits through September 30, 2021, for employers that continue to provide FFCRA leave voluntarily (beyond the December 31, 2020, expiration date) and made changes to tax credit eligibility for both types of FFCRA leave.

- FFCRA Leave Remains Voluntary: ARPA did not reinstate the FFCRA employee leave mandates.
- Tax Credit Extension: Employer tax credits are extended through Sept. 30, 2021, for wages, health plan expenses and Medicare tax for FFCRA leave provided voluntarily.
- FFCRA Paid Leave: The FFCRA employer tax credits apply to 80 new hours of paid sick leave per employee, 12 weeks of paid family leave, and to leave for new reasons.

Click here to read more!

This article is reprinted with permission from Zywave.com.

Compliance Tips for Employers Considering a Move to Self- Funded Major Medical



Is self-funding your major medical starting to sound enticing? You've heard it might help you control plan cost and save money plus give you more flexibility in plan design. All good things! Just keep in mind that moving to self-funding also means taking on greater responsibility in most aspects of the plan, from compliance to plan operations and beyond. Here are some tips from a compliance perspective to help keep you on the straight and narrow.

Ensure Your Stop-Loss Will Be There When You Need It

One of the first things that comes to mind when folks think about self- funding is…what happens if we have a really big claim or a bunch of claims that add up to more than we expected? That's where stop-loss insurance comes in. It is designed to help you handle these budget-busting events. Most folks understand the importance of getting stop-loss - it's a no brainer. But not everyone takes the time to review all the contracts and other documentation that comes along with it.

If you want to ensure stop-loss is there when you need it, you need to carefully review the service agreement and other documentation so you understand your obligations and the provider's expectations. For example, providers base stop-loss coverage on the terms of the major medical plan document, which tells them who is eligible for coverage, when benefits begin/end and what benefits are available. They may need other documentation to clarify coverage, such as your leave policy. If you do not timely provide these items or fail to keep them updated for plan changes, then stop-loss may deny claims based on their determination that an individual was ineligible for the coverage.

Set Yourself Up for Success…from a Fiduciary Duty and Fiduciary Liability Perspective

An ERISA-covered employer should always be mindful of fiduciary duties under ERISA. However, self-funding really "ups the ante" for compliance with fiduciary duties. For example, ERISA generally requires (among other things) that plan fiduciaries act prudently in hiring and monitoring plan providers and ensure fees are reasonable.

One way you can set yourself up for success is by making sure your vendor agreements do not unduly restrict the ability to discharge fiduciary duties under ERISA. Carefully review and negotiate agreements with plan service providers to ensure they allow such access to data as is needed to monitor and evaluate the provider's performance and fees. Pay special attention your ASO/TPA, stop-loss provider and pharmacy benefit manager agreements where the potential for this issue to arise is particularly high.

Cont'd

Also, this might be a good time to consider adding fiduciary liability coverage. Fiduciary liability insurance can protect the plan fiduciaries if a breach of fiduciary duty occurs. This insurance differs from a fidelity bond which protects the plan (not the fiduciaries) against losses caused by acts of fraud or dishonesty.

Be Prepared for Additional ACA Reporting Obligations

Small employers who are not applicable large employers (ALEs) under Affordable Care Act (ACA) rules need not worry about ACA reporting with a fully insured plan. That changes when you decide to self-fund the group health plan. Self-funded plan sponsors that are not ALEs must provide a Form 1095-B to plan participants every year and file a Form 1094-B with the IRS (along with copies of the 1095s).

ALEs that sponsor self-funded health plans use IRS Forms 1095-C and 1094-C to report to plan participants and the IRS, respectively. While ALEs must report on these forms regardless of their health plan's funding status, moving to self-funding means you now must include additional information about covered individuals in Part III of the 1095-C.

In any event, you want to think through the additional reporting obligations that arise in the move to self-funding. Take steps to ensure you can gather the information needed and complete the reporting in a timely fashion. That may mean you need to engage an ACA reporting vendor or find a workable ACA reporting solution. If you already have an ACA reporting vendor or other solution in place, you may need to reevaluate and perhaps change the arrangement. This can involve additional administrative time, fees and the like so it's a good idea to start the process as early as possible.

- ✓ Ensure Your Stop-Loss Will Be There When You Need It
- ✓ Set Yourself Up for Success…from a Fiduciary Duty and Fiduciary Liability Perspective
- ✓ Be Prepared for Additional ACA Reporting Obligations
- ✓ Don't Forget to Factor in PCORI Fees
- ✓ Self-Funding Means Greater Obligations under HIPAA

Don't Forget to Factor in PCORI Fees

Speaking of fees…self-funded health plan sponsors are subject to an additional fee used to fund the Patient Centered Outcomes Research Institute – referred to as a "PCORI fee." PCORI fees are generally based on the number of lives the plan covers, and there are different methods you can use to calculate the fee. It's important to take the time to figure out which method produces the lowest fee as it can vary significantly based on calculation method. PCORI fees will cease to apply to plan years ending after September 30, 2029.

Do these fees sound familiar? Perhaps you previously paid PCORI fees for an HRA offered with your fully insured plan. If so, never fear…the fee won't double. If the HRA only covers folks in the self-funded major medical plan, then the PCORI fee is based on covered lives in that plan. However, if an HRA covers anyone outside of the major medical, then an additional PCORI fee applies for those lives.

Self-Funding Means Greater Obligations under HIPAA

The move to self-funding often significantly increases HIPAA privacy and security compliance obligations. This is because the carrier bears the HIPAA privacy responsibility for most fully insured plans. While all fully insured plans must comply with the HIPAA security rules, to do so is less burdensome for those plans with limited access to PHI.

Start by assessing your plan's current compliance with these HIPAA rules to help you determine what additional action is needed to comply with the full range of HIPAA requirements for self-funded plans. Many plans will need, among other things, an updated security risk analysis and HIPAA privacy and security procedures as well as to develop and distribute a HIPAA notice of privacy practices and institute workforce training. Sound overwhelming? Don't despair! There are plenty of vendors, law firms and other advisors who can help you bring your plan into compliance.

Self-funding major medical comes with many advantages; however, don't let the potential for dollar savings blind you to additional compliance obligations. Take the time to think through how the change affects compliance. Okay, maybe it's not the most appealing part of the move, but just take it one step at a time and seek the help of your trusted advisors when you need it. **You got this!**

Stacey Stewart, JD
McGriff Senior Employee Benefits Compliance Officer

McGriff

McGriff May Webinar Opportunities

As part of McGriff's commitment to bring you information on regulatory updates, current trends and best practices, we are excited to invite you to the below live webinars scheduled during the month of May. We hope you can join us for one or more of these educational opportunities!

COVID-19: Developing Your Recovery Plan

May 6, 2021 | 2:00 – 3:00 pm EDT

SHRM credit pending. To register, please click here.

What do you do after disaster has struck and you need to begin clean-up efforts and rebuilding? In the wake of a global pandemic, we are likely to see some longer term impacts on our physical and emotional health, as well as how the workplace has changed. Join your McGriff Clinical Wellness Team as we discuss some of the potential long term impacts of COVID-19 and how to best prepare for these effects. During this webinar, we'll take a look at:

- How will COVID-19 impact medical claims in the future?
- What is the collateral damage?
- How can we adapt our benefits strategy to help meet the needs of our employees in a post-pandemic world?
- What will adjusting to the "new normal" be like?

OSHA COVID Update

May 11, 2021 | 12:00 – 1:00 pm EDT

SHRM/HRCI credit pending. To register, please click here.

May 19, 2021 | 3:00 – 4:00 pm EDT

SHRM/HRCI credit pending. To register, please click here.

Join us as our friends at Ogletree Deakins law firm update you on OSHA's COVID-19 National Emphasis Program and Enforcement Response Plan just released on March 12, 2021, the anticipated national emergency temporary standard ahead, and steps to avoid COVID-related OSHA enforcement actions.

McGriff Sponsored ThinkHR Demo

May 18, 2021 | 2:00 pm EDT

To register, please click here.

We are excited to bring our Employee Benefits clients ThinkHR — a robust web-based resource with live advisors, reliable content and interactive technology solutions that provides an end-to-end People Risk Management solution! If you are involved with HR compliance or employee issues at any level, this will be another valuable benefit from your trusted McGriff team that can save you time and money. Join us for a brief overview of ThinkHR and its benefits available to you as a McGriff Employee Benefits client.

Common Cyber Incident Reporting Mistakes and How They Can Affect Your Cyber Claim

May 20, 2021 | 2:00 – 3:00 pm EDT

To register, please click here.

No one is immune to the threat of a cyber-attack. Join Natalia Santiago, Executive Risk Advisor with McGriff, to discuss common cyber mistakes, coverage implications and best practices for responding to an incident.

Train Your Supervisors: Union Avoidance

May 26, 2021 | 3:00 – 4:00 pm EDT

HRCI/SHRM credit pending. To register, please click here.

With the Biden administration's promise to support union organizing and collective bargaining, it is even more essential for employers to train supervisors on their rights and limitations to communicate with employees about the issues union representation can raise. Invite your supervisors to this webinar as the attorneys at Ogletree Deakins equip your front line on the do's and don'ts for union avoidance.

© 2021, McGriff Insurance Services, Inc. All rights reserved. McGriff Insurance Services, their affiliates and representatives do not offer legal, tax or medical advice. Please consult your legal, tax or medical professional regarding your individual circumstances. The information, analyses, opinions and/or recommendations contained herein relating to the impact or the potential impact of coronavirus/COVID-19 on insurance coverage or any insurance policy is not a legal opinion, warranty or guarantee, and should not be relied upon as such. This communication is intended for informational use only. As insurance agents or brokers, we do not have the authority to render legal advice or to make coverage decisions, and you should submit all claims to your insurance carrier for evaluation. Given the on-going and constantly changing situation with respect to the coronavirus/COVID-19 pandemic, this communication does not necessarily reflect the latest information regarding recently-enacted, pending or proposed legislation or guidance that could override, alter or otherwise affect existing insurance coverage. At your discretion, please consult with an attorney at your own expense for specific advice in this regard. McGriff Insurance Services, Inc. is a subsidiary of Truist Insurance Holdings, Inc.