

## Guide to 1095 Reporting for Your Benefit Fund

What is a Form 1095?

Why am I getting a Form 1095-B?

What do I need to do with my Form 1095-B?



### Where to get more information

- Visit the IRS website [www.irs.gov](http://www.irs.gov)
- Visit the Affordable Care Act website [www.healthcare.gov](http://www.healthcare.gov)
- Talk with your certified tax professional

## What is a 1095 form?

The Affordable Care Act ("ACA") introduced three new tax forms called Form 1095s, which are relevant to individuals, employers and health insurance providers. Form 1095s report the type of health insurance coverage you have, the number of dependents covered, and the months you had health coverage during the prior year.

## Why am I getting a 1095-B form?

The ACA requires health plans to submit information to plan participants and the Internal Revenue Service ("IRS") regarding health coverage provided to plan participants during the prior calendar year. This information is submitted on the enclosed Form 1095-B and is used by the IRS to enforce the ACA's "individual mandate," which requires most individuals to either have qualifying health coverage or pay a penalty. If you were uninsured for part of the year, the checked boxes in Part IV will help you calculate the tax penalty that applies, if any.

## What do I need to do with my 1095-B form?

- Please review all information on the enclosed Form 1095-B to ensure all of the information is correct.
- Report any discrepancies to the Fund office.
- You will need this Form 1095-B to complete your federal tax return, which will ask whether or not you and your dependent(s) had qualifying health coverage during the prior calendar year. Therefore, it is important for you to keep the Form 1095-B with your tax documents and provide it to your tax preparer.

## What if I have a Medicare Type Plan?

For participants that have a Medicare Advantage or Supplement Plan, you may receive multiple Form 1095s from the Fund and/or Medicare.

If you or your dependents had coverage through the Fund for all or part of the year, you will receive a Form 1095-B from the Fund, in addition you may receive a Form 1095-B from Medicare.

### FORM 1095-B (Provided by your Fund)

Form 1095-B is a health insurance tax form which reports the type of coverage you have, dependents covered by your insurance policy, and the period of coverage for the prior year. You will need this information to complete your tax return.

What's on the form

**Part I...**identifies the person whose name is on the policy. For your Multiemployer Benefit Fund, this would be the name of the participant.

**Part II...**identifies the employer, for Multiemployer Benefit Funds this section will be left blank.

**Part III...**identifies the sponsor of your Multiemployer Benefit Fund.

**Part IV...**lists the individuals in the participant's household who are covered by the plan and the months for which those individuals had coverage.

Form <b>1095-B</b>		Health Coverage		<input type="checkbox"/> VOID	OMB No. 1545-2252										
Department of the Treasury Internal Revenue Service		Information about Form 1095-B and its separate instructions is at <a href="http://www.irs.gov/form1095b">www.irs.gov/form1095b</a> .		<input type="checkbox"/> CORRECTED	<b>2015</b>										
<b>Part I Responsible Individual</b>															
1 Name of responsible individual John Doe		2 Social security number (SSN) 111-11-1111		3 Date of birth (if SSN is not available)											
4 Street address (including apartment no.) 1234 Fake Street		5 City or town Any Town		6 State or province MN											
		7 Country and ZIP or foreign postal code USA 12345		8 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable											
<b>Part II Employer Sponsored Coverage (see instructions)</b>															
10 Employer name		11 Employer identification number (EIN)													
12 Street address (including room or suite no.)		13 City or town		14 State or province											
15 Country and ZIP or foreign postal code															
<b>Part III Issuer or Other Coverage Provider (see instructions)</b>															
16 Name Name of Your Multiemployer Benefit Fund		17 Employer identification number (EIN) ##-####		18 Contact telephone number 952-555-5555											
19 Street address (including room or suite no.) 123 Any Street		20 City or town Any Town		21 State or province MN											
		22 Country and ZIP or foreign postal code USA 55555													
<b>Part IV Covered Individuals (Enter the information for each covered individual(s)).</b>															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered (all 12 months)	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 John Doe	111-11-1111		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Jane Doe	222-22-2222		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Jimmy Doe	333-33-3333		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Janet Doe		3/1/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form 1095-B (2015)