

Guide to 1095 Reporting for Your Benefit Fund

What is a 1095 form?

Why am I getting a 1095-B form?

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



Where to get more information

- Visit the IRS website www.irs.gov
- Visit the Affordable Care Act website www.healthcare.gov
- Talk with your certified tax professional

What is a 1095 form?

The Affordable Health Care Act introduced three new tax forms relevant to individuals, employers and health insurance providers: Forms 1095-A, 1095-B and 1095-C.

1095 forms 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?

1095-B provides proof that you and your family had the type of health insurance coverage required by the Affordable Care Act. The tax penalty for not having coverage - which is referred to as the "individual shared responsibility payment" - is based in part on how long you or members of your household were uninsured. 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?

- When you receive your form from the Fund, review all information to ensure all of the information is correct.
- Report any discrepancies to the Fund office
- Use this form to complete your annual tax return.

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.

What's next?

Look for your 1095-B in the mail. You should be receiving your 1095-B form from your Benefit Fund in early February 2017.

FORM 1095-A (If applicable, provided by your Insurer)

Form 1095-A is a health insurance marketplace statement. Only individuals that purchased health care through the marketplace or an exchange will receive a 1095-A.

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 1095-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 www.irs.gov/form1095b .		<input type="checkbox"/> CORRECTED	2016										
Part I Responsible Individual															
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											
9 Enter letter identifying Origin of the Policy (see instructions for codes): E															
Part II Employer Sponsored Coverage (see instructions)															
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													
Part III Issuer or Other Coverage Provider (see instructions)															
16 Name Name of Your Multiemployer Benefit Fund		17 Employer identification number (EIN) #####		18 Contact telephone number 952-854-0795											
19 Street address (including room or suite no.) 3201 Metro Drive, Suite 500		20 City or town Bloomington		21 State or province MN											
		22 Country and ZIP or foreign postal code USA 55425													
Part IV Covered Individuals (Enter the information for each covered individual(s)).															
(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"/>

FORM 1095-C (If applicable, provided by your Employer)

Form 1095-C is used by "Applicable Large Employers" (employers that employ on average at least 50 full-time employees and full-time equivalents) to report whether the employer offered health coverage to its employees. You will only receive a 1095-C if your employer is an "Applicable Large Employer."