<b>B</b> (2015)	Form <b>1095-B</b> (2015)	Form	F	╞	╞	-	0704B	Cat. No. 60704B		_		s.	instruction	otice, see separate	// vork Reduction Act N	728 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
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essential coverage") for some or all months during the year. Individuals who claim as dependents had qualifying health coverage (referred to as "minimum payment. don't have minimum essential coverage and don't qualify for an exemption return that you, your spouse (if you file a joint return), and individuals you from this requirement may be liable for the individual shared responsibility This Form 1095-B provides information needed to report on your income tax

see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision. have minimum essential coverage and what is minimum essential coverage. minimum essential coverage. For more information on the requirement to coverage the Department of Health and Human Services designates as eligible employer-sponsored plans, individual market plans, and other Minimum essential coverage includes government-sponsored programs

request it for their records. should provide a copy to other individuals covered under the policy if they Ę only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you Providers of minimum essential coverage are required to furnish

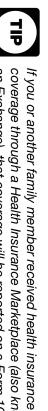
Part I. Responsible Individual, lines 1-9. Part I reports information about you and the coverage.

required to report your complete SSN or other TIN, if applicable to the IRS form may show only the last four digits. However, the coverage provider is taxpayer identification number (TIN), if applicable. For your protection, this Lines 2 and 3. Line 2 reports your social security number (SSN) or other four date of birth will be entered on line 3 only if line 2 is blank.

provision determine that they have complied with the individual shared responsibility not be able to match the Form 1095-B with the individuals to of all covered individuals to the sponsor of the coverage, the IRS may If you don't provide your SSN or other TIN and the SSNs or other TINs

> covered individuals were enrolled. Only one letter will be entered on this line Line 8. This is the code for the type of coverage in which you or other

- Small Business Health Options Program (SHOP)
- A. Small Business Health Options
  B. Employer-sponsored coverage
  C. Government-sponsored progra Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage



rather than a Form 1095-B. an Exchange), that coverage will be reported on a Form 1095-A coverage through a Health Insurance Marketplace (also known as

Line 9. This line will be blank for 2015

employer sponsoring the coverage. This part may show only the last four employer-sponsored health coverage. It provides information about the coverage, this part will be blank. digits of the employer's EIN. If your coverage isn't insured employer completed by the insurance company if an insurance company provides your Part II. Employer-Sponsored Coverage, lines 10–15. This part will be

coverage sponsor). Line 18 reports a telephone number for the coverage under a government program such as Medicaid or Medicare, or other reported on the form. provider that you can call if you have questions about the information providing self-insured coverage, government agency sponsoring coverage information about the coverage provider (insurance company, employer Part III. Issuer or Other Coverage Provider, lines 16-22. This part reports

column (b). Column (d) will be checked if the individual was covered for at birth will be entered in column (c) only if SSN or other TIN isn't entered in or other TIN, and coverage information for each covered individual. A date of indicating the months for which these individuals were covered. If there are least one day in every month of the year. For individuals who were covered information about the additional covered individuals. more than six covered individuals, see Part IV, Continuation Sheet(s), for for some but not all months, information will be entered in column (e) Part IV. Covered Individuals, lines 23–28. This part reports the name, SSN