

# 1095-B Tax Document (Proof of Health Coverage)

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# 1095-B Tax Document Overview

IRS Form 1095-B reports the months a person had qualifying minimum health coverage to the IRS. Currently the VA mails this document out to Veterans at the beginning of the year (between December and March). The process is costly, and many are returned to due inaccurate address. In order to ensure delivery to Veterans and to decrease some of the costs associated with mailing this document, we have now made the 1095-B available for online access via digital download of a pdf from their records on Va.gov.

Changes to the Affordable Care Act have reduced the federal tax penalty for not having health coverage to \$0; so, in most cases the 1095-B will simply be a document to keep for one's records. As of March 2022, six states—Massachusetts, New Jersey, Vermont, California, Rhode Island and District of Columbia (Washington D.C.)—still have individual coverage mandates that may result in penalties for not being insured and so Veterans should refer to any local IRS instructions, as applicable, for retaining this document and filing their state taxes.

Target launch date: April 1 for MVP

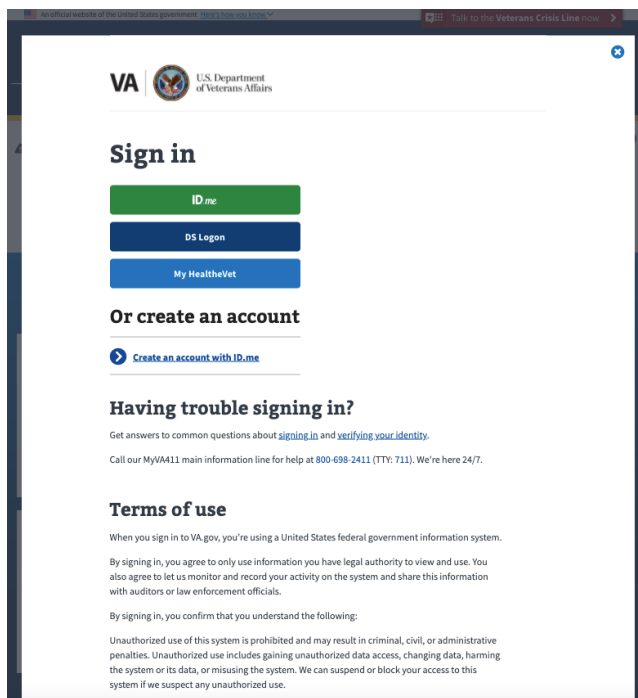
## User Access

### Who can access this document?

Veterans enrolled in VA health benefits with a VA.gov account.

### How can users access this document?

Users can log in using their DS Logon Premium, MHV Premium, or ID.me accounts.

A screenshot of the VA.gov website's sign-in page. The page features the VA logo and the text "U.S. Department of Veterans Affairs". Below the logo, there is a "Sign in" section with three buttons: "ID.me" (green), "DS Logon" (dark blue), and "My HealtheVet" (blue). Underneath these buttons is a section titled "Or create an account" with a link "Create an account with ID.me". Further down, there is a section titled "Having trouble signing in?" with a link to "Get answers to common questions about signing in and verifying your identity." and a phone number "800-698-2411 (TTY: 711)". At the bottom, there is a "Terms of use" section with a disclaimer about the system's security and a warning about unauthorized use.

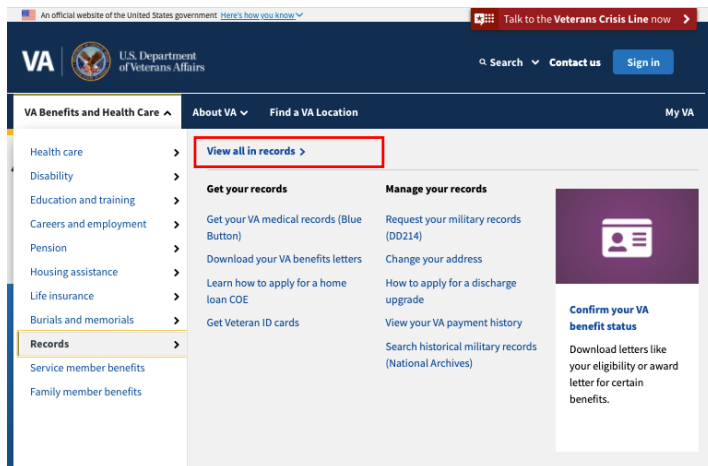
# Navigation

Direct url: TBD

Or the link to download the 1095-B tax document can be found by way of the VA Benefits and Health Care dropdown menu (top navigation) on the Records Hub Page:

<https://www.va.gov/records/>

By clicking “view all in records,” the Veteran can then find the link labeled “Download your 1095-B tax document.”



## VA records

Access your VA records and documents online to more easily manage your benefits.



### Get your records and documents

#### Get Veteran ID cards >

Find out how to get different types of identification cards to show your military status or your enrollment in VA health care.

#### Request your military records (DD214) >

View and print documents from your official military personnel file (including your DD214).

#### Get your VA medical records (called VA Blue Button) >

Set up your personal health record and download medical records, reports, and images to share with your VA and non-VA doctors.

#### Download your VA benefit letters >

Download letters like your eligibility or award letter for certain benefits.

#### Download your 1095-B tax document >

Download your 1095-B tax document (proof of VA health coverage) for the current tax filing year.

#### Find out how to apply for a VA home loan Certificate of Eligibility >

Get instructions for how to apply for your Certificate of Eligibility (COE), which confirms for your lender that you qualify for a VA-backed home loan. Then you can choose your loan type to learn about the rest of the loan application process.

#### Learn how to apply for a discharge upgrade >

Answer a series of questions to get step-by-step instructions on how to apply for a discharge upgrade or correction. If your discharge gets upgraded, you'll be eligible for the VA benefits you earned during your period of service.

#### View your VA payment history >

Check the status of your VA disability, pension, and education benefits payments. You can also see payments for certain survivor benefits.

#### Search historical military records (National Archives) >

Visit the National Archives website to research military records from the Revolutionary War to the present.



#### Confirm your VA benefit status

Download letters like your eligibility or award letter for certain benefits.

#### Ask questions

##### Message us

Contact us online through Ask VA

##### Call us

VA benefits hotline:  
800-827-1000

My HealtheVet help desk:  
877-327-0022

eBenefits technical support:  
800-983-0937

MyVA411 main information line:  
800-698-2411

If you have hearing loss, call TTY: 711.

Or linked in the body text and “More Information” box at the bottom of the Affordable Care Act Homepage: <https://www.va.gov/health-care/about-affordable-care-act/>

[Home](#) > [Healthcare](#) > [Affordable Care Act](#)

## Health Care

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# The Affordable Care Act (ACA) and your VA health care coverage

The Affordable Care Act (ACA)—also known as the health care law—was created to expand access to coverage, control health care costs, and improve health care quality and care coordination. Find out what you need to know about the ACA and your health coverage.

## Do I still have to pay a penalty if I don't have health insurance?

You don't have to pay a penalty if you don't have health insurance in 2019 or any year after that.

Through the end of 2018, the ACA required all U.S. taxpayers to have health coverage that met a minimum standard (called the “minimum essential coverage” requirement) unless they qualified for an exemption due to certain life events, financial status, or other factors. This meant that if you had affordable health coverage options, but chose not to buy health insurance, you would have to pay a fee when filing your taxes. This fee was known as an individual shared responsibility payment. It was also sometimes called the “penalty,” “fine,” or “individual mandate.”

Congress changed this part of the law for plans starting in 2019 and after. The individual shared responsibility payment no longer applies starting in plan year 2019.

The **1095-B tax document** is provided to Veterans and the IRS to show proof of health coverage through the VA. You may still receive this document in the mail during tax season. Keep it for your records, as some states still have requirements and penalties around minimum coverage.

**Note:** If you didn't have coverage or an exemption in 2018, you may still have had to pay a fee when you filed your 2018 taxes in 2019.

[Get tips for protecting your personal health information](#)

## Does the ACA change my VA health benefits?

No. The health care law doesn't change your VA health benefits or your out-of-pocket costs.

## If I'm not signed up for a VA or Department of Defense health care program, how do I get health coverage?

You may be able to get coverage through the Health Insurance Marketplace. You can enroll in a plan during open enrollment periods.

You may also be able to enroll or change plans if you:

- Have certain life changes, or
- Qualify for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP)

To find out if you can enroll or change your plan, go to [HealthCare.gov](https://www.healthcare.gov).

### More information

#### [Download your 1095-B tax document](#)

In compliance with the ACA, the 1095-B is a tax document that is provided to Veterans and the IRS showing proof of health coverage through the VA. You can download and save a copy online for your tax records.

# 1095-B Download Functionality

## Part 1: Access the document

### (If not signed in)

If the Veteran navigates to the form while not logged in, they will be prompted to do so on the document page.

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Complete list of discharge documents

## Download your 1095-B tax document

The 1095-B is an IRS tax document that shows the period that you had health coverage through the VA for the tax year. Keep this for your records, but due to changes in the [Affordable Care Act](#) this document is no longer required to file your federal taxes.

**Note:** Some states may still have requirements and tax penalties around health coverage. States with requirements for health coverage as of January 2022: Massachusetts, New Jersey, Vermont, California, Rhode Island and District of Columbia (Washington D.C.).

**Please sign in to download your 1095-B tax document**

Sign in with your existing ID.me, DS Logon, or My HealtheVet account. If you don't have any of these accounts, you can create a free ID.me account now.

[Sign in or create account](#)

### Need help?

**If your address or other information is incorrect or needs to be updated on your 1095-B:**  
Call the enrollment center toll-free at [1-877-222-VETS \(8387\)](#) Monday through Friday, 8:00 am until 8:00 pm (EST). Changes may take up to 10 business days to process and for you to receive your updated document.

**If you're having trouble viewing your 1095-B:** To view your 1095-B after download, you may need the latest version of Adobe Acrobat Reader. It's free to download. [Get Acrobat Reader for free from Adobe](#)

Last updated: December 12, 2021

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(If already signed in)

Once the Veteran is on the page, they can click “Download current 1095-B tax document (PDF)” from the link in the grey box.

An official website of the United States government. [Here's how you know](#)

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**Download your 1095-B**

**Related to:** Health care  
**Document last updated:** November 5, 2021

[Download current 1095-B tax document \(PDF\)](#)

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Last updated: December 12, 2021

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## Part 2: The 1095-B Health Coverage Document

The 1095-B tax document is pre-populated with all of the Veteran's information: Name, social security number, address and months of coverage.

560118

Form **1095-B**

Department of the Treasury  
Internal Revenue Service

**Health Coverage**

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095B](https://www.irs.gov/Form1095B) for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2252

**2021**

| <b>Part I Responsible Individual</b>   |  |  |                      |   |                           |                                     |   |  |                          |                             |   |   |                          |                          |                          |                          |                          |
|--|--|--|----------------------|---|---------------------------|-------------------------------------|---|--|--------------------------|-----------------------------|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Name of responsible individual—First name, middle name, last name<br><b>Hello</b>  |  |  |                      | 2 Social security number (SSN) or other TIN<br><b>World</b> |                           |                                     |   | 3 Date of birth (if SSN or other TIN is not available)<br><b>123-12-1234</b> |                          |                             |   |   |                          |                          |                          |                          |                          |
| 4 Street address (including apartment no.)   |  |  |                      | 5 City or town  |                           |                                     |   | 6 State or province  |                          |                             |   | 7 Country and ZIP or foreign postal code  |                          |                          |                          |                          |                          |
| 8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ <input type="checkbox"/> 9 Reserved |  |  |                      |   |                           |                                     |   |  |                          |                             |   |   |                          |                          |                          |                          |                          |
| <b>Part II Information About Certain Employer-Sponsored Coverage</b> (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 |                          |                          |                          |                          |                          |
| <b>Part III Issuer or Other Coverage Provider</b> (see instructions)   |  |  |                      |   |                           |                                     |   |  |                          |                             |   |   |                          |                          |                          |                          |                          |
| 16 Name  |  |  |                      |   |                           |                                     | 17 Employer identification number (EIN) |  |                          | 18 Contact telephone number |   |   |                          |                          |                          |                          |                          |
| 19 Street address (including room or suite no.)  |  |  |                      | 20 City or town   |                           |                                     |   | 21 State or province   |                          |                             |   | 22 Country and ZIP or foreign postal code |                          |                          |                          |                          |                          |
| <b>Part IV Covered Individuals</b> (Enter the information for each covered individual.)  |  |  |                      |   |                           |                                     |   |  |                          |                             |   |   |                          |                          |                          |                          |                          |
| (a) Name of covered individual(s)<br>First name, middle initial, last name   |  |  | (b) SSN or other TIN | (c) DOB (if SSN or other TIN 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 <b>Dependent</b> <b>One</b>   |  |  |                      |   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>     | <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"/> |
| 24   |  |  |                      |   | <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"/> |
| 25   |  |  |                      |   | <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"/> |
| 26   |  |  |                      |   | <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"/> |
| 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"/> |

## Escalation Path

If a Veteran sees an error on the form, such as an incorrect address or misspelling of their name, they can call 1-877-222-8387 to fix the error. Once a representative answers the phone, the Veteran should tell them that there is an error on their 1095-B form. The representative will ask for the correct information and update it in the enrollment system.

Veterans should refer to the “Document last updated” date above the 1095-B download link to make sure that they are downloading the most recent version of the document. Changes to a Veteran's address made over the phone may take up to 4 business days to process and be reflected in the online pdf. Updating other personal information such as date of birth or social security number take additional processing time and may take up to 20 business days for the Veteran to receive an updated copy of their 1095-B.