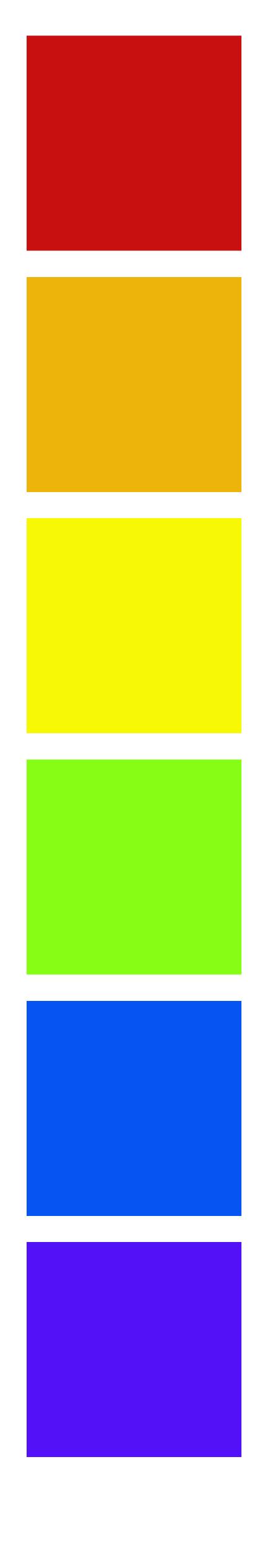
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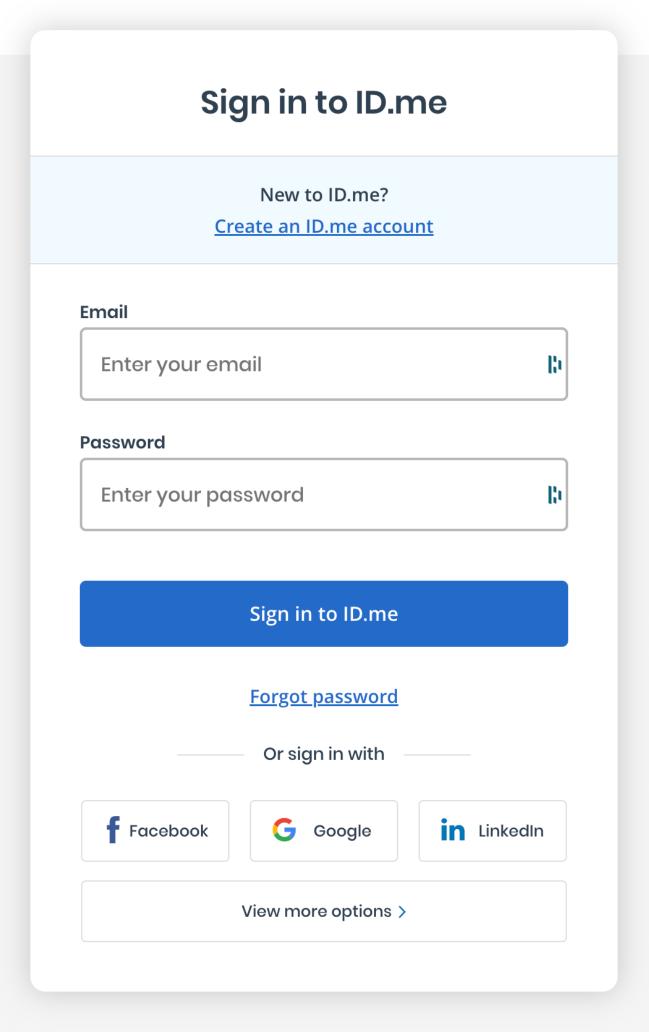
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560118 Form 1095-B OID VOID OMB No. 1545-2252 **Health Coverage** 2021 Department of the Treasury Internal Revenue Service ▶ Do not attach to your tax return. Keep for your records. CORRECTED ► Go to www.irs.gov/Form1095B for instructions and the latest information. Part I Responsible Individual 2 Social security number (SSN) or other TIN 3 Date of birth (if SSN or other TIN is not available) **JOHN** DOE 123 - 55 - 6666 11/22/19XX 4 Street address (including apartment no.) 6 State or province 5 City or town 7 Country and ZIP or foreign postal code TOWNSVILLE 11111 1234 VETERAN DR. CALIFORNIA 9 Reserved 8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): Part II Information About Certain Employer-Sponsored Coverage (see instructions) 11 Employer identification number (EIN) 10 Employer name 22-XXXXXXX DEPARTMENT OF VETERAN 12 Street address (including room or suite no.) 9876 VETERAN DR. 13 City or town WASHINGTON 15 Country and ZIP or foreign postal code 14 State or province DC Part III Issuer or Other Coverage Provider (see instructions) 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 Part IV Covered Individuals (Enter the information for each covered individual.) (a) Name of covered individual(s) First name, middle initial, last name (b) SSN or other TIN (c) DOB (if SSN or other (d) Covered (e) Months of coverage TIN is not available) all 12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec DOE 1234-555-6666 11/22/19XX 23 JOHN Form **1095-B** (2021) For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B

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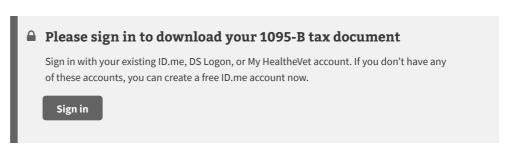
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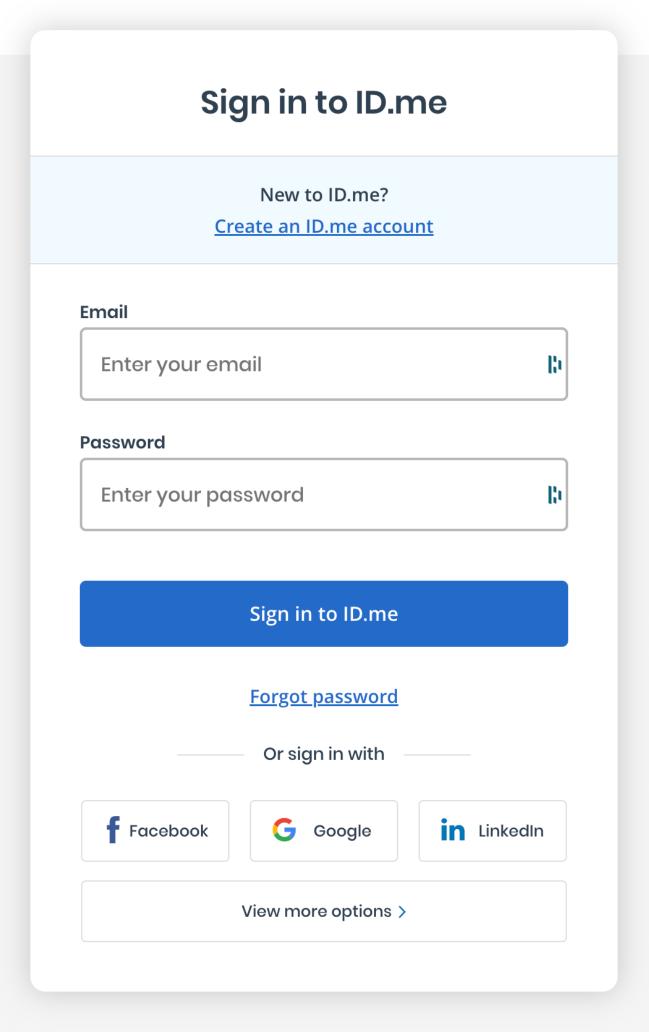
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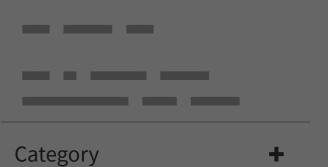
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Note: To view your 1095-B after download, you may need the latest version of Adobe Acrobat Reader. It's free to download.

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

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\*States requiring proof of insurance as of January 2022: Massachusetts, New Jersey, Vermont, California, Rhode Island and District of Columbia (Washington D.C.)

### What if my address or other information is incorrect on my 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). A representative will be happy to update your address in the system so that you can have a corrected version mailed to you or print it yourself.

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#### **Affordable Care Act**

Find out what you need to know about the Affordable Care Act and learn why the 1095-B is provided for your health coverage.

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Women Veterans

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Ask a Question

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My Health

Home → Level 1 → Level 2 → 1095-B Tax document

**Proceed to Next Screen** 



Category

# Download your 1095-B tax document (proof of health coverage)

The 1095-B is a tax document that the IRS requires health insurance companies to provide. It shows proof that you had health coverage through the VA for the tax year and that your coverage met the minimum standards outlined by the Affordable Care Act.

Due to changes in the law, most Veterans will no longer need this document to file their federal taxes. However, certain states may still require you to provide proof of coverage for your state tax filings.

#### Download your 1095-B

#### Downloadable PDF

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Scorecard



Home > Level 1 > Level 2 > 1095-B Tax document

U.S. Department

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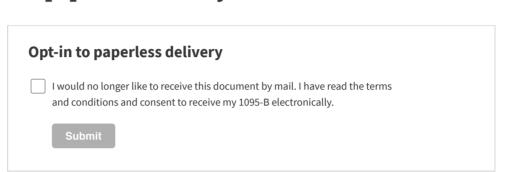
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#### Get paperless delivery



#### Download your 1095-B

#### Downloadable PDF

<u>★ Get your current 1095-B (PDF)</u>

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