

# IRS 1095-B Tax Form Product Guide

Redesign Launch: August 2022

# **IRS 1095-B Tax Form (Health Coverage)**

## Table of Contents

IRS 1095-B TAX FORM OVERVIEW	
USER Access	
WHO CAN ACCESS THIS FORM?	3
Navigation	
1095-B DOWNLOAD FUNCTIONALITY	5
Part 1: Access the form	
PART 2: THE 1095-B HEALTH COVERAGE FORM	
ESCALATION PATH	
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## IRS 1095-B Tax Form Overview

IRS Form 1095-B reports the months a person had qualifying minimum health coverage to the IRS. Currently the VA mails this form to Veterans at the beginning of the year (between December and March). The process is costly, and many are returned to due inaccurate address. To ensure delivery to Veterans and to decrease some of the costs associated with mailing this form, we have now made the 1095-B available for online access via digital download of a PDF or Text file 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, 6 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 form and filing their state taxes.

Target launch date: August 2022 for MVP

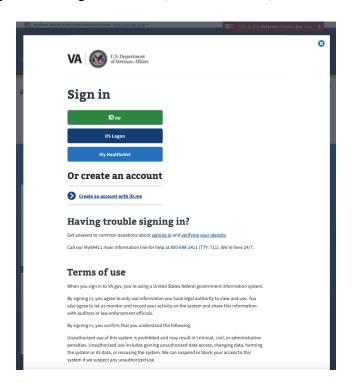
### **User Access**

#### Who can access this form?

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

#### How can users access this form?

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

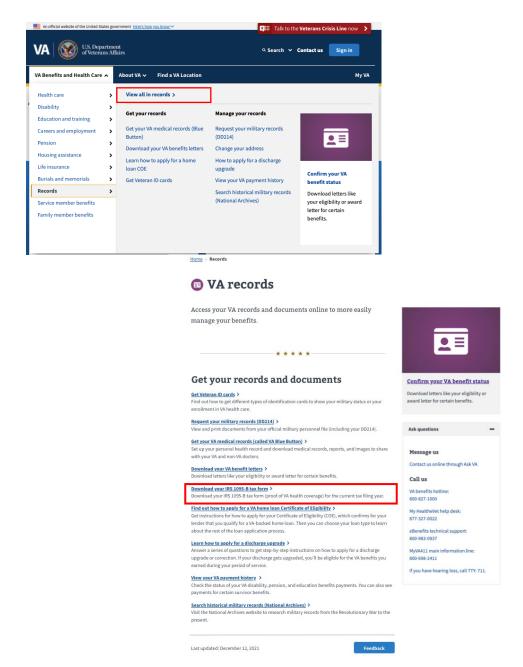


## **Navigation**

Direct: https://www.va.gov/records/download-your-irs-1095-b

**Or** the link to download the IRS 1095-B tax form can be found by way of the VA Benefits and Health Care dropdown menu (top navigation) on the Records Hub Page: <a href="https://www.va.gov/records/">https://www.va.gov/records/</a>

By clicking "view all in records," the Veteran can then find the link labeled "Download your IRS 1095-B tax form."

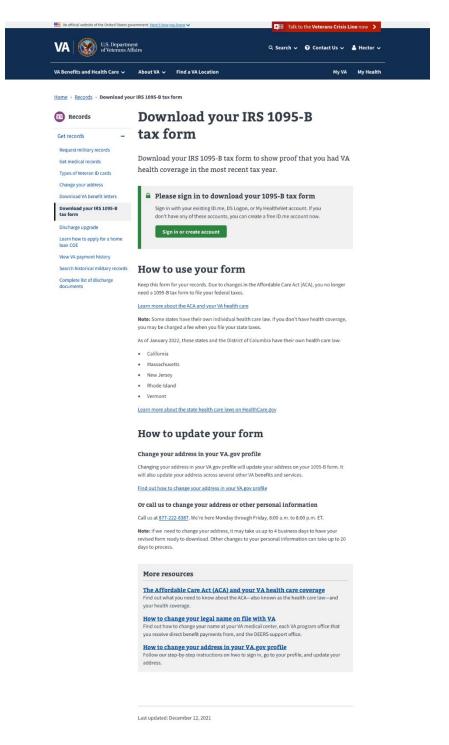


# 1095-B Download Functionality

## Part 1: Access the form

#### (If not signed in)

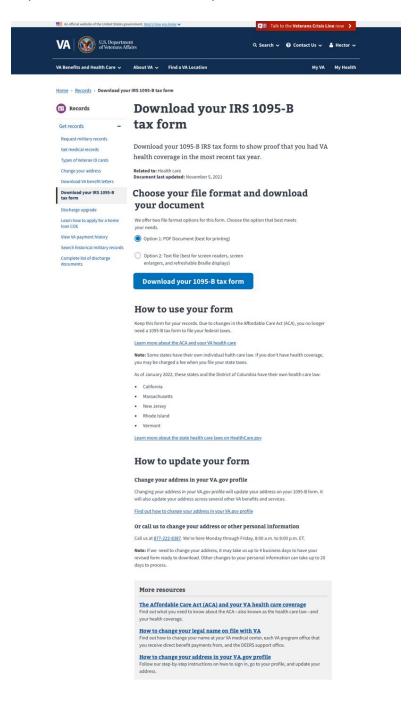
If the Veteran navigates to the form while not logged in, they will be prompted to do so on the page.



#### (If already signed in)

Once the Veteran is on the page, they will have an option to choose the format of their document download. Options are provided for PDF or Text file. PDF is a common document format that mimics the look of the paper form and is easily printable. Text is an approved IRS alternate document format that works well for those who may be using a screen reader or other assistive technology.

After the Veteran has selected the radio button for their desired document format, they can click the blue primary action button, "Download your 1095-B tax form."



# Part 2: The 1095-B Health Coverage Form

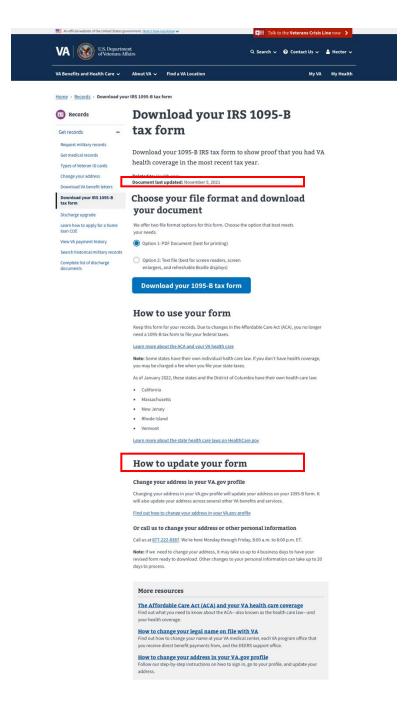
The 1095-B is pre-populated with all of the Veteran's information: Name, Social Security number, address and months of coverage. Provided are examples of the PDF version of the document and Text file respectively.

																56	0118				
Form 1095-E	3		е	VOID							OMB No. 1545-2252										
Department of the Treasury Internal Revenue Service		Health Coverage  ► Do not attach to your tax return. Keep for yo  ► Go to www.irs.gov/Form1095B for instructions and the											CTED		2021						
Part I Respon	nsible I	ndividual	uo to minimolyo	.,, с,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aouono un	u 1110 10		or matero	-												
		vidual-First name, middle name, last name					2 Social security number (SSN) or other TIN						3 Date of birth (if SSN or other TIN is not available)								
Hello			World			123-12-1234															
4 Street address (including apartment no.)			5 City or town		6	6 State or province 7 Country and ZIP o						or foreig	r foreign postal code								
8 Enter letter identify	ring Origir	n of the Health Cov	verage (see instruction	ons for codes):	. •	9	Reserve	d													
	ation A	bout Certain I	Employer-Spons	sored Coverage (s	ee instru	ctions	s)														
10 Employer name											1	1 Empl	oyer iden	tification	number (l	EIN)					
12 Street address (including room or suite no.)			13 City or town		14	14 State or province 15						15 Country and ZIP or foreign postal code									
Part III Issuer	or Othe	er Coverage P	rovider (see inst	ructions)		17	Employ	er identifi	cation nu	mber (EIN	J) 1	8 Conta	act teleph	one num	ber						
19 Street address (including room or suite no.)				20 City or town		21	21 State or province 22 Country and ZIP of						IP or fore	or foreign postal code							
Part IV Covere	ed Indiv	<b>iduals</b> (Enter t	he information fo	or each covered inc	lividual.)																
(a) Name of covered individual(s) (b) SSN or oth First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	s not available) all 12 months								Months of coverage								
						Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
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23 Dependent		One																			
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Department of the Treasury
Internal Revenue Service
OMB No. 1545-2252
560118
Form 1095-B
2021
Health Coverage
-- VOID
-- CORRECTED
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.
Part I Responsible Individual
1 Name of responsible individual-First name, middle name, last name ----
2 Social security number (SSN) or other TIN ----
3 Date of birth (if SSN or other TIN is not available) ----
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): ----
9 Reserved shaded
Part II Information About Certain 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 ----
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 TIN is not available) ----
(d) Covered all 12 months --
(e) Months of coverage
-- Jan
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### **Escalation Path**

If a Veteran notices an incorrect address on their 1095-B, they can update this information in their VA.gov profile and download a new form—a link to how to do this is included on the landing page under the section, "How to update your form." Veterans can also call the Health Benefits Hotline at 1-877-222-8387 to update their address and/or fix any additional errors noticed on the form. 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 form. Changes to a Veteran's address may take up to 4 business days to process and generate a new version of 1095-B online. For changes to personal information outside of mailing address, such as corrections to date of birth or Social Security number, the Enrollment Center must be contacted and changes may take up to 20 business days for the Veteran to receive an updated copy of their 1095-B.

### **Errors & Notifications**

In most cases, after clicking the download button Veterans will know that they have successfully downloaded the 1095-B by a change in state—the text above the box will now read "Download complete."

# ✓ Download complete

You successfully downloaded your 1095-B tax form. Please check your files. 4/1/2022 6:35 p.m.

However, in certain cases the Veteran may not be able to download their 1095-B as expected. If they have just registered for health care with the VA and do not have data on file for the previous year, they will receive the following message:

## • You don't have a 1095-B tax form available right now

If you recently enrolled in VA health care, you may not have a 1095-B form yet. We process 1095-B forms in early January each year, based on your enrollment in VA health care during the past year.

If you think you should have a 1095-B form, call us at  $\underline{1-877-222-8387}$  (TTY: 711). We're here Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

If there is a technical error on the site and the form is not able to be generated, the Veteran will receive this message:

## **▲** We couldn't download your form

We're sorry. Something went wrong when we tried to download your form. Please try again. If your form still doesn't download, call us at 800-698-2411 (TTY: 711). We're here 24/7.