

IRS 1095-B Tax Form (Health Coverage)

In compliance with the Affordable Care Act (ACA), the IRS 1095-B tax form is provided to Veterans and the IRS to show proof of health coverage through the VA. Your 1095-B, like other tax documents shows your name, address, and social security number; it also shows a checked box for every month that you had health coverage through the VA for the previous year. Changes to the Affordable Care Act (health care law) have gotten rid of the fine for not having health coverage; so, in most cases the 1095-B will simply be a document to keep for your records. Some states, however, still have their own individual health care law and may fine you for not having health coverage. You should check with your local state or tax preparer to find out.

Need a copy of your 1095-B?

Currently the VA mails a copy of the 1095-B tax form out to enrolled Veterans at the beginning of the year between December and March. You may also sign-up for paperless delivery of this form and/or download a copy from your records on VA.gov. To get a copy of your 1095-B online, visit: <https://www.va.gov/records/download-your-irs-1095-b>.

If you have additional questions around the 1095-B and your VA health care coverage or see an error on the form, you can call us on the Health Benefits Hotline toll-free at 1-877-222-VETS (8387). Someone is available Monday through Friday, 8:00 am until 8:00 pm (EST) to answer your questions and assist in fixing any errors on your form.

Form **1095-B** **Health Coverage** 560118

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2252
2021

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 Reserved

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):

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 at 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23				<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				<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"/>
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"/>
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"/>
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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cal. No. 60704B Form **1095-B** (2021)