

## <Date Printed>

<VPID>

<First Name> < Middle Name or Middle Initial> < Last Name> <, Suffix>

<Address 1>

<Address 2>

<Address 3>

<City> <State>, <Zip>

<FIRST NAME> <LAST NAME>,

## Please keep this letter and the enclosed tax form for your <tax year> tax records.

The Affordable Care Act (ACA) requires the Department of Veterans Affairs (VA) to notify enrolled Veterans of their period of health care coverage during the previous calendar year. The law also requires VA to provide this notification to the Internal Revenue Service (IRS).

Enclosed you will find your IRS 1095-B tax form, which documents your VA health care period of coverage during <tax year>. No additional steps need to be taken with this document. The federal tax penalty for not having health coverage has been removed, but some states still have specific filing requirements. Follow your local state IRS instructions, as applicable, for completing the Health Care Individual Responsibility information on your tax return form.

## **Download this Form Online**

Get a digital copy of your 1095-B at **www.va.gov/records/download-your-irs-1095-b**. If you would like to save paper, you can also opt-in for digital only delivery for this form.

## **Get Help and More Information**

If you need to change the address on your 1095-B, you can do so by logging into your VA.gov profile and updating your contact information; a new form will be available for download within 4 business days.

If you need additional help or have questions, call us toll-free at **1-877-222-VETS (8387)** Monday through Friday, 8:00 am until 8:00 pm (EST). You may also find additional information regarding the ACA on VA's website at **www.va.gov/health-care/about-affordable-care-act/**. For more information regarding the ACA's tax implications, visit **www.irs.gov/Affordable-Care-Act/Individuals-and-Families**.

Thank you for your service to our Nation.

Sincerely,