Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

▶ **Do not attach to your tax return. Keep for your records.**
▶ **Information about Form 1095-B and its separate instructions is at *www.irs.gov/form1095b.***

☐ VOID

☐ CORRECTED

560116

OMB No. 1545-2252

20**16**

★ 53275

Part I   Responsible Individual

1 Name of responsible individual		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 Policy (see instructions for codes): . . . . ▶ ☐

9 Reserved

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)	(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															
24															
25															
26															
27															
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															
40															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.   Cat. No. 60704B   Form **1095-B** (2016)

5/14"

10-1/2"