

trust fund office
local union 831
employer health trust fund
employer pension plan

TO: All Participants of the Local Union 831 Employer Health Trust Fund

FROM: Trust Fund Office

RE: Mandated Notices Concerning Your Coverage

The Affordable Care Act requires that health plans such as the Local Union 831 Employer Health Trust Fund (Trust) provide you a report identifying the months you and any enrolled dependents had coverage from the Trust during 2015. As required by the IRS, enclosed is the report labeled “Health Coverage”, Form 1095-B. If you received coverage from an HMO option provided through the Trust in 2015, the HMO will send you Form 1095-B. The Trust and the HMO are also required under federal law to send a copy of the report to the IRS.

The IRS will use Form 1095-B to determine if you and your dependents had health coverage in 2015, and if there are months you did not, whether you or a family member are subject to a penalty. If you have adult dependents that have Trust coverage through you, they may also need the information on this form to complete their taxes. Accordingly, you should share this information with your covered adult dependents.

If you work for an employer that has 50 or more full-time employees, the employer is required to send you a second form labeled “Employer-Provided Health Insurance Offer and Coverage”, Form 1095-C, by March 31, 2016. The IRS will also receive a copy of Form 1095-C from your employer. The IRS will use Form 1095-C to determine if your employer is subject to an employer responsibility penalty under the Affordable Care Act.

While Form 1095-C looks similar to the Form 1095-B that you will receive from the Trust or HMO, Form 1095-C provides different information. The form from the Trust (1095-B) tells you the months you actually had coverage. The form you will receive from your employer (1095-C) indicates the months your employer contributed to the Trust. Because these forms report different information, please be aware that the months you had coverage as reported on Form 1095-B may be different than the months for which contributions were made on your behalf as reported on Form 1095-C. In addition, due to certain special rules for 2015 reporting, your employer may opt not to include detailed information about your coverage during 2015 on the Form 1095-C.

Questions

If you have questions about the form you received from the Trust (1095-B) call the Trust Fund Office at (626) 279-3080 or (877) 572-7005. If you have questions regarding the form you received from the HMO (1095-B), if applicable, call the number listed in Box 18 of that form. And, if you have questions about the form you received from your employer (1095-C), call the number listed in Box 10 of that form.