

STATE OF WISCONSIN – 1095-B
P.O. BOX 5236
Janesville, WI 53547-5236



State of Wisconsin

ID #: XXXXXXXXXXXX

1095-B Cover Letter 2016

Mailing Date: MM/DD/YYYY

000000
0000000100-01-03
ANNA MEMBER
123 MAIN ST
ANY TOWN WI 55555 55555

1095-B Form Assistance
Phone: 1-866-667-9419



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-866-667-9419. These services are free.

Important Tax Information for [MEMBER NAME]

Enclosed is an IRS 1095-B tax form for [MEMBER NAME].

If your household files a federal income tax return for 2016, you may need to answer questions on the tax return about your health insurance coverage during 2016. The information on the enclosed 1095-B tax form can help you answer these questions.

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2016. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit irs.gov or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B tax form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit dhs.wisconsin.gov/forwardhealth/form1095b.htm.

Note: Each person in your household who had minimum essential coverage through the State of Wisconsin in 2016 will get his or her own 1095-B form in the mail.

Form 1095-B Department of the Treasury Internal Revenue Service		Health Coverage		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2252										
		<p>▶ Don't attach to your tax return. Keep for your records.</p> <p>▶ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.</p>				2016										
Part I Responsible Individual																
1 Name of responsible individual ANNA MEMBER		2 Social security number (SSN or other TIN) XXX-XX-0001		3 Date of birth (If SSN or other TIN is not available)												
4 Street address (including apartment no.) 123 MAIN ST		5 City or town ANY TOWN		6 State or province WISCONSIN		7 Country and ZIP or foreign postal code USA 55555-5555										
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): ▶ <input type="text" value="C"/>				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 State of Wisconsin Department Of Health Services Division of Health Care Access and Accountability				17 Employer identification number (EIN) 39-6006469		18 Contact telephone number 1-866-667-9419										
19 Street address (including room or suite no.) 1 West Wilson Street PO Box 309		20 City or town Madison		21 State or province WI		22 Country and ZIP or foreign postal code USA 53701										
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 ANNA MEMBER	XXX-XX-0001		<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form 1095-B (2016)

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as “minimum essential coverage”) for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.



Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Part I. Responsible Individual, lines 1–9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.



If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage



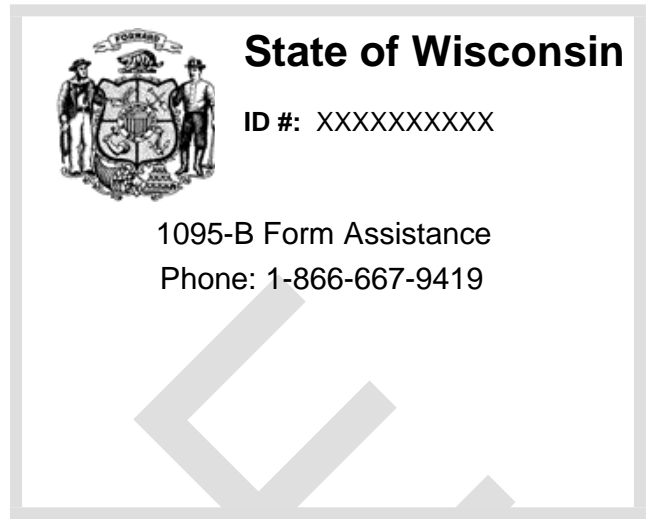
If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange) that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>.

Line 9. Reserved.

Part II. Information about Certain Employer-Sponsored Coverage, lines 10–15. If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part may also be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

Part III. Issuer or Other Coverage Provider, lines 16–22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). **Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.**


Part IV. Covered Individuals, line 23. This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if an SSN or other TIN is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered.



1095-B Corrected Cover Letter 2016

Mailing Date: MM/DD/YYYY

000000
ANNA MEMBER
123 MAIN ST
ANY TOWN WI 55555 55555

 DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-866-667-9419. These services are free.

Important Tax Information: Corrected 1095-B Tax Form for [MEMBER NAME]

Enclosed is a **corrected** IRS 1095-B tax form for [MEMBER NAME]. Any other 1095-B forms you may have already received for [MEMBER NAME] for 2016 are no longer correct. You should only use the information from this corrected 1095-B form when completing your taxes.

If your household files a federal income tax return for 2016, you may need to answer questions on the tax return about your health insurance coverage during 2016. The information on the enclosed 1095-B form can help you answer these questions.

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2016. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit irs.gov or contact a tax professional for more information about using this form.

If you have questions about the health care coverage listed on the 1095-B form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit dhs.wisconsin.gov/forwardhealth/form1095b.htm.

Note: Each person in your household who had minimum essential coverage through the State of Wisconsin in 2016 will get his or her own 1095-B form in the mail.

STATE OF WISCONSIN – 1095-B
P.O. BOX 5236
Janesville, WI 53547-5236

1095-B Duplicate Cover Letter 2016

Mailing Date: MM/DD/YYYY

000000
ANNA MEMBER
123 MAIN ST
ANY TOWN WI 55555 55555



State of Wisconsin

ID #: XXXXXXXXXXXX

1095-B Form Assistance
Phone: 1-866-667-9419



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-866-667-9419. These services are free.

Important Tax Information: Duplicate 1095-B Tax Form for [MEMBER NAME]

Enclosed is a copy of the IRS 1095-B tax form for [MEMBER NAME] that you requested.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit irs.gov or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit dhs.wisconsin.gov/forwardhealth/form1095b.htm.

1095-B Tribal Cover Letter

Mailing Date: MM/DD/YYYY

000000
0000000100-01-03
ANNA MEMBER
123 MAIN ST
ANY TOWN WI 55555 55555



State of Wisconsin

ID #: XXXXXXXXXXXX

1095-B Form Assistance
Phone: 1-866-667-9419



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-866-667-9419. These services are free.

Important Tax Information for [MEMBER NAME]

Enclosed is an IRS 1095-B tax form for [MEMBER NAME].

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2016. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

Our records show that [MEMBER NAME] is a member of an American Indian tribe, descendant of a tribal member, and/or eligible for Indian Health Services. As a result, [MEMBER NAME] may be eligible for an exemption from the requirement to have health insurance coverage. This exemption is known as the Indian health coverage exemption.

There is more information on the federal Health Insurance Marketplace website about exemptions, including the Indian health coverage exemption: healthcare.gov/health-coverage-exemptions/forms-how-to-apply. If you think you may qualify for an exemption and need help with getting an exemption, you should contact a tax professional.

If your household plans to file taxes, refer to the instructions on the back of the enclosed 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit irs.gov or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit dhs.wisconsin.gov/forwardhealth/form1095b.htm.

Note: Each person in your household who had minimum essential coverage through the State of Wisconsin in 2016 will get his or her own 1095-B form in the mail.

SAMPLE



State of Wisconsin

ID #: XXXXXXXXXX

1095-B Form Assistance
Phone: 1-866-667-9419

1095-B Tribal Corrected Cover Letter 2016

Mailing Date: MM/DD/YYYY

000000
ANNA MEMBER
123 MAIN ST
ANY TOWN WI 55555 55555



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-866-667-9419. These services are free.

Important Tax Information: Corrected 1095-B Tax Form for [MEMBER NAME]

Enclosed is a **corrected** IRS 1095-B tax form for [MEMBER NAME]. Any other 1095-B forms you may have received for [MEMBER NAME] for 2016 are no longer correct. You should only use the information from this corrected form.

The federal government requires the State of Wisconsin to send a 1095-B form to every person in Wisconsin who had health care coverage from BadgerCare Plus, Medicaid, or another State of Wisconsin health care program that provided minimum essential coverage at any time in 2016. Minimum essential coverage is any insurance that meets the Affordable Care Act requirement for having health care coverage. Most people are required to have minimum essential coverage unless they qualify for an exemption.

Our records show that [MEMBER NAME] is a member of an American Indian tribe, descendant of a tribal member, and/or eligible for Indian Health Services. As a result, [MEMBER NAME] may be eligible for an exemption from the requirement to have health insurance coverage. This exemption is known as the Indian health coverage exemption.

There is more information on the federal Health Insurance Marketplace website about exemptions, including the Indian health coverage exemption: healthcare.gov/health-coverage-exemptions/forms-how-to-apply. If you think you may qualify for an exemption and need help with getting an exemption, you should contact a tax professional.

If your household plans to file taxes, refer to the instructions on the back of the 1095-B form for information about how to use this form to complete a tax return. Keep the form with your other important tax documents. Do not return the 1095-B form to the State of Wisconsin. Visit irs.gov or contact a tax professional for more information about how to use this form.

If you have questions about the health care coverage listed on the 1095-B form, call 1-866-667-9419 for assistance.

For more information about the 1095-B tax form, visit dhs.wisconsin.gov/forwardhealth/form1095b.htm.

Note: Each person in your household who had minimum essential coverage through the State of Wisconsin in 2016 will get his or her own 1095-B form in the mail.

SAMPLE