



# ABATEMENT WORKERS NATIONAL FRINGE BENEFIT FUNDS

P. O. Box 1349  
Troy, MI 48099-1349  
248-641-4907 800-772-0459

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## 2022 Tax Year

### IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

#### NOTICE OF RIGHT TO REQUEST TAX NOTIFICATION FORM 1095-B

In accordance with IRS Regulations, this notice is intended to provide you with information related to obtaining a copy of your IRS Form 1095-B from the Abatement Workers National Health & Welfare Plan (the “Plan”). Form 1095-B provided you with information about your healthcare coverage, including who was covered, and when the coverage was in effect.

You may request a copy of your Form 1095-B from the Plan via email, phone, or written request. The Plan will mail you the form within 30 days of receiving your request, or email the form if you clearly indicate that you would like to receive the 1095-B electronically and provide a valid email address to send to. Please include your name and address in your request. The contact information to submit a request for Form 1095-B or for any questions you may have is:

- Mail: BeneSys, Inc.  
700 Tower Drive, Suite 300  
Troy, MI 48098  
ATTN: 1095-B Requests
- Phone: (248) 641-4907 or (800) 772-0459 between 7:00 AM and 4:00 PM EST
- Email: 1095Bhelp@benesys.com

Your request **MUST** include: (1) your Plan’s name, (2) the member’s name, (3) your name if you are not the primary member, (3) the address you would like the form sent to and (4) the phone number we can call if you have any questions.