



CEMENT MASONS AND PLASTERERS LOCAL 797 BENEFIT FUNDS

8311 W. Sunset Road, Suite 250 • Las Vegas, NV 89113
P.O. Box 400008 • Las Vegas, NV 89140
Phone (702) 415-2190 • Fax (702) 257-5361

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 **Cement Masons & Plasterers Health & Welfare Trust** (the “Plan”). Form 1095-B provides you with information about your healthcare coverage, including who was covered, and when the coverage was in effect.

The Plan has elected not to send IRS Form 1095-B (“Health Coverage”) for the current tax year, in accordance with IRS regulations. You do not need to file a Form 1095 with your federal tax return, but some participants may need the form to comply with state reporting requirements.

Participants and beneficiaries may request that the Plan send a copy of their Form 1095-B to them via U.S. mail. You may make this request by email, phone, or written request. The Plan will mail you the form within 30 days of receiving your request. Please include your name and address in your request. The contact information to submit a request for Form 1095-B is:

Email to: 1095Bhelp@benesys.com

Calling: (702) 415-2190 between 8:00 AM and 4:00 PM PST

Mail to:

Cement Masons & Plasterers Health & Welfare Trust

P.O. Box 400008

Las Vegas, NV 89140

ATTN: 1095-B Requests

Your request **MUST** include: (1) your Plan’s name, (2) the participant’s name, (3) your name if you are not the primary participant (4) the address you would like the form sent to and (5) the phone number we can call if we have any questions.

Please call (702) 415-2190 with any questions about Form 1095-B.

This document has been uploaded and is available on the participant website at www.opcmia797benefits.org