



SOLANO AND NAPA COUNTIES
ELECTRICAL WORKERS BENEFIT FUNDS



**IMPORTANT HEALTH COVERAGE TAX DOCUMENTS
NOTICE OF RIGHT TO REQUEST TAX NOTIFICATION FORM 1095-B**

This notice is intended to provide you with information related to obtaining a copy of your IRS Form 1095-B (health coverage) from the Solano/Napa IBEW Local 180 Health & Welfare Plan (the “Plan”) if you have not already received one via U.S. mail. Form 1095-B provides you with information about your healthcare coverage, including who was covered, and when the coverage was in effect.

You do not need to file a Form 1095 with your federal tax return, but some members may need the form to comply with state reporting requirements.

If members and beneficiaries have not already received an IRS Form 1095-B via U.S. mail, they may request that the Plan send another 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: (248) 641-4950 between 7:00 AM and 4:30 PM EST

Mail to:
BeneSys, Inc.
700 Tower Drive, Suite 300
Troy, MI 48098-2808
ATTN: 1095-B Requests

Your request **MUST** include: (1) your Plan’s name, (2) the member’s name, (3) your name if you are not the primary member, (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 (800) 572-2525 or (248) 641-4950 with any questions about Form 1095-B.