



## IBEW LOCAL 595 TRUST FUNDS

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January 2024

### IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

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

It is no longer necessary to file a 1095 form with your federal tax return, but you might need the form 1095-B form to comply with state reporting requirements. Participants and beneficiaries may request a copy of their Form 1095-B by:

Email to: [1095Bhelp@benesys.com](mailto:1095Bhelp@benesys.com)

Calling: (925) 208-9996 between 8:00 AM and 4:30 PM PST  
Please select Option 3 -Eligibility from the Phone Menu

Mail to:  
IBEW Local 595 Health & Welfare Plan  
P.O. Box 3420  
San Ramon, CA 94583  
ATTN: Eligibility- 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 (888) 512-5863 or (925) 208-9996 with any questions about Form 1095-B. Please select Option 3-Eligibility from the Phone Menu.