

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 **IUPAT of Western PA 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: (833) 697-1294 between 7:00 AM and 4:30 PM EST

Mail to:

BeneSys, Inc.

ATTN: 1095-B Requests (BB00)

3660 Stutz Drive, Suite LL 101

Canfield, OH 44406

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 (833) 697-1294 or (330) 779-8865 with any questions about Form 1095-B.