



VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN

Tax Information: Form 1095-B

Dear Residents,

At VHHSBP, we value our members and are committed to providing you and your family with affordable, substantial health benefits that meet the requirements of “minimum essential coverage” under the Affordable Care Act (ACA). As you may be aware, the ACA requires that all U.S. citizens have health care coverage in 2020 or be subject to penalties.

To provide proof of your coverage under our Empire Blue Cross/Blue Shield medical plan, VHHSBP is mailing Form 1095-B to your home address. You can use this form to report your insurance coverage when filing your tax return. VHHSBP will only provide one form for all the individuals listed on your policy; you may need to provide copies to your spouse or dependents, as necessary. [Here](#) is a sample of the 1095-B for your reference.

We will also be reporting directly to the IRS the coverage that you and your dependents have elected for the medical plan. We are required to provide information to the IRS that includes the name and Social Security Number or date of birth of you and your covered dependents. The IRS will use this data to confirm that you have met the requirements of the ACA.

Enclosed are some [frequently asked questions](#) about Form 1095-B. It is critical to ensure that we have the correct Social Security Numbers on record for each of your covered dependents. To verify this information, please review the 1095-B. If corrections are necessary, please contact the office at (212) 356-8180 or via email at benefits@cirbenefitfunds.org.

Thank you,

Benefits Office

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