



Important Information on a New Health Care Tax Form

What is different for tax year 2015?

- ▶ For tax year 2015, most people are required to have qualifying health coverage or pay an Internal Revenue Service (IRS) federal tax penalty.
- ▶ New 1095 tax forms show you were enrolled in health coverage. The information on these forms will help you complete your tax returns.

What are the new tax forms?

There are three types of 1095 forms that you or your family members may receive:

- ▶ **1095-A** - In Connecticut, these are issued by Access Health CT for people who have enrolled in 'Qualified Health Plans' (not HUSKY Health).
- ▶ **1095-B** - In Connecticut, these are issued by the Department of Social Services (DSS) to households with individuals enrolled in **HUSKY Health** (Medicaid or the Children's Health Insurance Program). They are also issued by the federal government for Medicare, as well as by health insurance carriers, certain employers and other entities.
- ▶ **1095-C** - Issued by some types of large employers.

What should I expect from DSS?

If you or a family member received HUSKY Health in 2015, then:

- ▶ **DSS will mail your 1095-B by January 31, 2016.**

What do I need to do?

- ▶ Keep your DSS-provided 1095-B and any other 1095 forms you receive with your other important tax documents. You may need them to prepare your federal tax return.
- ▶ Use the information from the 1095-B and any other 1095 form you receive to complete your federal tax return. You do not need to submit this form with your tax return.

Who do I contact for help?

- ▶ For information about whether you need to file a federal income tax return, go to:
<https://www.irs.gov/uac/Do-I-Need-to-File-a-Tax-Return%3F> or
www.irs.gov/uac/About-Form-1095-B
- ▶ For frequently asked questions on 1095-B, go to
<http://www.ct.gov/dss/taxformguide> or call, toll-free, **1-844-503-6871**

Form 1095-B

Health Coverage

Department of the Treasury
Internal Revenue Service

Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

REVOKED
 CORRECTED

OMB No. 1545-2252
5b0115

2015

Part I Responsible Individual

1 Name of responsible individual
John Smith

2 Social security number (SSN)
000000000

3 Date of birth (if SSN is not available)
01/01/1995

4 Street address (including apartment no.)
Main Street

5 City or town
Anywhere

6 State or province
Connecticut

7 Country and ZIP or foreign postal code
Hartford 06106

8 Enter letter identifying Origin of the Policy (see instructions for codes):

9 Self Business Health Options Program (SHOP) Marketplace identifier, if applicable

Part II Employer Sponsored Coverage (see instructions)

10 Employer name

11 Employer identification number (EIN)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
State of Connecticut Medicaid

17 Employer identification number (EIN)
000000000

18 Contact telephone number
8604240000

19 Street address (including room or suite no.)

20 City or town

21 State or province

22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual(s).)

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage															
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
23	John Smith	000000000	01/01/1995	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Jane Smith	000000000	02/01/1995	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25	Joseph Smith	000000000	01/01/2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Jessica Smith	000000000	02/01/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B Form 1095-B (2015)