

LiUNA!

WISCONSIN LABORERS' HEALTH FUND

Feel the Power

1095-B Health Coverage Tax Documents

The Form 1095-B, Health Coverage, is an annual report that identifies the months in which you and any dependents were enrolled in “minimum essential coverage” through the Wisconsin Laborers’ Health Fund (the “Plan”). The Plan is required to report this information to the Internal Revenue Service annually. A copy of this report is available to you upon request.

If you would like a copy of your current Form 1095-B, please send your request to:

Wisconsin Laborers’ Health Fund

4633 Liuna Way, Suite 201
Deforest, WI 53532

Or contact the Fund Office via:

Email: eligibilitywl@benesys.com

Telephone: 608-842-9102

You will receive a copy of your Form 1095-B by the January 31 of the year following the year of coverage or, if later, within 30 days of your request. The Plan Office will mail you a copy unless you request to receive electronically.