

# Understanding Your 1095B Information

On December 9, 2021, the IRS posted final 2021 instructions for forms 1094-B and 1095-B, which provides all employers with an automatic extension to furnish employees with form 1095. The deadline for your employer to furnish these forms to you is now **March 2, 2022**.

**Please note: You will be able to complete and file your taxes without your 1095 form(s) or proof of medical insurance coverage. You will not need to amend your filings upon receipt of your 1095 form(s).**

Although the 1095 form(s) are not needed to complete your taxes for 2021; employers and insurance providers are required to furnish these forms to their employees.

## ADDITIONAL INFORMATION:

If you accepted the health insurance offered by your employer, Medcom will be providing a 1095-B form disclosing the coverage you took and who was covered under your plan. If you took coverage elsewhere, the primary insured will be receiving a 1095-C form and 1095-B form. The 1095-B form will look like this:

560118

Form <b>1095-B</b>		<b>Health Coverage</b>				<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2252								
Department of the Treasury Internal Revenue Service		▶ Do not attach to your tax return. Keep for your records. ▶ Go to <a href="http://www.irs.gov/Form1095B">www.irs.gov/Form1095B</a> for instructions and the latest information.						<b>2021</b>								
<b>Part I Responsible Individual</b>																
1 Name of responsible individual—First name, middle name, last name			2 Social security number (SSN) or other TIN		3 Date of birth (if SSN or other TIN is not available)											
4 Street address (including apartment no.)			5 City or town		6 State or province		7 Country and ZIP or foreign postal code									
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ <input type="checkbox"/>			9 Reserved													
<b>Part II Information About Certain Employer-Sponsored Coverage (see instructions)</b>																
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									
<b>Part III Issuer or Other Coverage Provider (see instructions)</b>																
16 Name			17 Employer identification number (EIN)		18 Contact telephone number											
19 Street address (including room or suite no.)			20 City or town		21 State or province		22 Country and ZIP or foreign postal code									
<b>Part IV Covered Individuals (Enter the information for each covered individual.)</b>																
(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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				<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				<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"/>
25				<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				<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"/>
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"/>

1095-

**Q. Does this mean I can file my taxes without my 1095 form?**

**A.** Yes, the forms are not required to file your taxes.

**Q. Do I need to keep my 1095 form(s)?**

**A.** Please keep these forms with your other tax records as these forms are important tax documents.

**Q. What do the check boxes mean?**

**A.** The boxes are checked for each month you and your dependent(s) were enrolled in medical coverage for at least one day. This coverage also includes COBRA and retiree coverage.

**Q. Will my dependents receive a 1095-B form if they were covered on my insurance?**

**A.** Medcom will be providing a 1095-B form only to the primary insured. If you have dependents on your coverage, you will need to provide them a copy of your 1095-B form.

**Q. What if I had coverage through somewhere other than my employer?**

**A.** If you took coverage through the federal or state Healthcare Marketplace you will receive a 1095-A form.

**Q. Will I be penalized if I did not enroll in health coverage in 2021?**

**A.** There is no federal tax penalty for forgoing health coverage in 2021, however some states still require you to be enrolled in health coverage. If you decide not to enroll in coverage in a state with an individual mandate, you may owe a penalty.

**Q. Will I receive a form if I did not enroll in coverage?**

**A.** You will not receive a 1095-B form if you were not enrolled in medical, COBRA or retiree coverage in 2021.

**Q. What if I do not receive a 1095-B form?**

**A.** If you are supposed to receive a form but do not receive your form by March 18, 2022, please contact your Human Resources department.

**Q. What action do I need to take?**

**A.** The IRS will be receiving a copy of your forms by March 31, 2022. It is imperative that you review the forms for any errors. **If a Social Security Number or Tax Identification Number is missing or incorrect, please let your HR Department know immediately.**