



Kentucky's Healthcare Connection

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Department For Medicaid Services

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DATE: December 05, 2015

CASE NUMBER: 111111111

FIRST M LAST
ADDRESS LINE 1
CITY, ST ZIP



IMPORTANT TAX INFORMATION

PLEASE DO NOT DISCARD

Please Keep This Notice For Filing Your 2015 Federal Income Tax Return.

This notice is being provided to you because you received medical coverage from Medicaid or KCHIP (Kentucky Children's Health Insurance Program) programs in 2015.

Attached is an important tax document from kynect called **IRS Form 1095-B: Health Coverage**. This document provides information you will need regarding your medical coverage in order to complete your household's Federal Income tax filing for 2015.

*Si prefiere recibir este formulario en español, visite nuestra página web kynect.ky.gov o llámenos al 1-844-373-2417.

Form **1095-B** Health Coverage VOID CORRECTED **2015**

Department of the Treasury
Internal Revenue Service

Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095-b.

Part I Responsible Individual

1. Name of responsible individual
2. Social Security number (SSN)
3. Date of birth (if SSN is not available)
4. Street address (including apartment no.)
5. City or town
6. State or province
7. County and ZIP or foreign postal code

Part II Employer Sponsored Coverage (see instructions)

8. Enter letter identifying Origin of the Policy (see instructions for codes)
9. Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

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. County and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

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. County and ZIP or foreign postal code

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

(a) Name of covered individual	(b) SSN	(c) Date of birth (MM/DD)	(d) Months of coverage													
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
23																
24																
25																
26																
27																
28																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cal. No. 001840 Form 1095-B (0115)

Q: Why do I need Form 1095-B?

A: Form 1095-B is provided to help you indicate whether you had health coverage for year 2015 on your tax form if you plan to file a tax return in 2016. There is a line on Form 1040, 1040A, and 1040EZ where you or a tax preparer indicate if you, your spouse (if filing jointly), and your dependents had health care coverage throughout 2015. You do not need to send this form to IRS only keep it for your personal records in case IRS asks for it. One Form 1095-B will be provided for each individual who received at least one month of Medicaid coverage during 2015.

If you do not file taxes no other action needs to be taken. Keep this form for your records.

If you received assistance under one of the programs listed below, you will not get a 1095-B form;

- Medicare Savings Program
- Emergency Time-limited Medical coverage
- Prenatal Presumptive Eligibility
- BCCTP (Breast Cervical Cancer Treatment Program)
- Spend-Down Medicaid Card

A copy of your Form 1095-B is also sent to the IRS so they can determine whether you were covered by minimum essential health coverage during any of the 12 months in 2015.

Form 1095-B will show the IRS that you had Medicaid or KCHIP health insurance coverage in 2015 as required by the Affordable Care Act;

Q: Who should I contact if I need help?

A: If you have questions about how to file your taxes using Form 1095-B, you can call the IRS Tax Help Line for Individuals at 1-800-829-1040. The Tax Help Line is open Monday - Friday from 7am to 7pm, local time. You may also go to the IRS website at www.irs.gov. You may also want to consider working with your tax preparer.

If you have questions about the information contained on Form 1095-B please call the kynect tax line at 1-844-373-2417.