



Heartland

HEALTH & WELLNESS FUND

7250 Poe Ave., Ste. 300, Dayton, OH 45414

Phone: 937-665-1900
Fax: 937-665-0900
heartlandwellnessfund.com

Alternate Manner of Furnishing Forms 1095-B

Beginning with the Form 1095-B due in 2025, plans are no longer required to automatically provide the Form 1095-B to participants. Plans must continue to provide the Form 1095-B upon request and notify participants of their right to request a copy. To satisfy the requirements of this alternate manner of furnishing Form 1095-B, the Plan must take the following steps:

1. Include a statement on its website that participants can request a copy of their Form 1095-B. The statement must be written in plain terms in a font size sufficient to call a participant's attention that the information pertains to tax statements. The Plan can use the language below for this purpose. The Plan Office should either post this language to its home page or include a link to a secondary page or document. The link should be titled: **IMPORTANT HEALTH COVERAGE TAX DOCUMENTS** or something similar.

2. Upon receiving a request for a Form 1095-B from a participant, the Plan Office must provide a copy to the participant by January 31 or within 30 days of the request, if later. The Plan must provide in hardcopy unless the participant either (1) consents to receiving an electronic copy, or (2) requests an electronic copy.

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 [PLAN NAME] (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:

Heartland Health & Wellness Fund
7250 Poe Ave., Ste. 300
Dayton, OH 45414

Or contact the Fund Office via:

Email: admin@ufcwbenefitplan.com
Telephone: 937-665-1900

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.