

## **HEARTLAND HEALTH & WELLNESS FUND**

### **Notice Regarding 2019 1095-B Health Coverage Information Forms**

The Form 1095-B is an annual report that identifies which months you and your dependents were enrolled in "minimum essential coverage." The Heartland Health & Wellness Fund ("Fund") has provided you a copy of this Form each year, confirming that Fund coverage meets the requirement of minimum essential standards of coverage set by the Affordable Care Act. Recently, the Internal Revenue Service (IRS) announced that funds do not have to mail Form 1095-B this year. Accordingly, you will not receive a copy of the Form 1095-B in the mail, but the Fund will provide a copy to you if you request it. A copy of this form will be provided to you within 30 days of your request.

Please send your request to:

Heartland Health & Wellness Fund  
7250 Poe Avenue, Suite 300  
Dayton, OH 45414

Or contact the Fund Office via:

Email: [admin@ufcwbenefitplan.com](mailto:admin@ufcwbenefitplan.com)  
Phone: (937) 665-1900

If you have any other questions regarding the Form 1095-B, please direct them to the contact information above.