

DIVISION 1181 A.T.U. – NEW YORK WELFARE 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 Division 1181 A.T.U. – New York Welfare Fund has provided you a copy of this Form each year, confirming that Fund coverage meets the requirement of minimum essential 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 because there is no longer a penalty associated with not having minimum essential coverage under federal law. However, the Fund will provide one 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:

Division 1181 A.T.U. New York Welfare Fund
20 North Central Avenue
Valley Stream, NY 11580

Or contact the Fund Office via:

Phone: (718) 845-5800

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