

IMPORTANT MEMORANDUM

January 2021

To: All Health Fund Participants

From: Wilson-McShane Corporation

Re: Internal Revenue Service (“IRS”) – Form 1095-B

All Health Fund Participants,

Since 2015, your health fund has issued to you an annual IRS Form 1095-B. You previously needed this form for personal income tax return purposes because it summarizes the months of health insurance coverage you and your eligible dependents had under the health fund for the previous calendar year. Beginning with the 2019 tax year, federal law reduced the individual shared responsibility payment (tax penalty) to \$0 if there were months in which you failed to maintain health insurance coverage. **In other words, you no longer need Form 1095-B to complete and file your personal income tax return and you will no longer automatically receive Form 1095-B from the Fund.**

The health fund will still send you a Form 1095-B upon request. You may request a Form 1095-B by the following means:

1. Request Via Telephone – Dial 1-800-535-6373 (Please be prepared to confirm your fund/union name, your name, mailing address, date of birth and last 4 digits of your Social Security Number);
2. Request Via E-Mail – Submit a request to 1095request@wilson-mcshane.com (Please be sure to include your fund/union name, your name, mailing address, date of birth, phone number and last 4 digits of your Social Security Number in the email); or,
3. Request Via Mail – Submit a written request including your fund/union name, your name, mailing address, date of birth, phone number and last 4 digits of your Social Security Number in the request to:

Wilson-McShane Corporation
Attn: Eligibility Department
3001 Metro Drive, Suite 500
Bloomington, MN 55425

If you have any questions regarding this matter, please call Wilson-McShane Corporation at 952-854-0795 or toll free at 800-535-6373.