

VOID CORRECTED

OMB No. 1545-2252

2015

Form 1095-B

ISSUER'S or OTHER COVERAGE PROVIDER'S name, address, and telephone no. Iowa Department of Administrative Services Hoover Building, 3rd Floor Des Moines Iowa 50309 515-281-3725		Enter letter identifying Origin of the Policy (see instructions for codes): B	Health Coverage
		Small Business Health Options Program (SHOP) Marketplace identifier, if applicable	
RESPONSIBLE INDIVIDUAL'S name and address John A. Doe 123 Main Street Des Moines IA 50309		Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b .	For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
ISSUER'S or OTHER COVERAGE PROVIDER'S EIN 42-6004574		EMPLOYER'S name and address Iowa Department of Administrative Services Hoover Building, 3rd Floor Des Moines Iowa 50309	
RESPONSIBLE INDIVIDUAL'S SSN 001-50-1234	RESPONSIBLE INDIVIDUAL'S date of birth (If SSN is not available)	EMPLOYER'S EIN 42-6004574	Department of the Treasury -- IRS 38-2099803

Covered Individuals (Enter the information for each covered individual(s).)																				
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage																
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
23 John A. Doe	001-50-1234		X																	
24 Mary Doe	002-60-1234		X																	
25 James Doe	808-34-2345	06/25/2015							X	X	X	X	X	X	X	X	X			
26																				
27																				
28																				

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.

TIP Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Responsible Individual

Reports information about you and the coverage.

Reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable to the IRS. Your date of birth will be entered only if SSN is blank.

CAUTION If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Letter identifying Origin of the Policy. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage

TIP If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will be reported on a Form 1095-A rather than a Form 1095-B.

SHOP Marketplace identifier. This line will be blank for 2015.

Employer

Will be completed by the insurance company if an insurance company provides your employer-sponsored health coverage. It provides information about the employer sponsoring the coverage. If your coverage isn't insured employer coverage, this section will be blank.

Issuer or Other Coverage Provider

Reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). This includes a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.

Covered Individuals, lines 23-28

Reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if SSN or other TIN isn't entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, you will receive one or more additional form(s).

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

Iowa Department of Administrative Services
Hoover Building, 3rd Floor
Des Moines, Iowa 50309

FIRST-CLASS MAIL
Important Tax Return
Document Enclosed

John A. Doe
123 Main Street
Des Moines, IA 50309