

Health Coverage

Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID CORRECTED

Part I Responsible Individual
1 Name of responsible individual JOHN M DOE SR
2 Social security no. (SSN or other TIN) XXX-XX-0029
3 Date of birth (If SSN or TIN is not available) 1983-03-22
4 Street address (including apartment no.) 33 EAST 17 STREET APT 2101
5 City or town NEW YORK
6 State or province NY
7 Country and ZIP or foreign postal code 10003-2005
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes) B

Part II Information about Certain Employer-Sponsored Coverage (see instructions)
10 Employer name ACCOUNT ABILITY COMPLIANCE SOFTWARE
11 Employer identification number (EIN) XX-XXX-9958
12 Street address (including room or suite no.) 555 BROADHOLLOW RD STE 273
13 City or town MELVILLE
14 State or province NY
15 Country and ZIP or foreign postal code 11747-5001

Part III Issuer or Other Coverage Provider (see instructions)
16 Name RENAISSANCE HEALTH CARE INC
17 Employer identification number (EIN) 11-4938827
18 Contact telephone number 888-302-0303
19 Street address (including room or suite no.) 975 ALDER LANE SUITE 312
20 City or town NEW YORK
21 State or province NY
22 Country and ZIP or foreign postal code 10023-1210

Part IV Covered Individuals (Enter the information for each covered individual)
Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB (If SSN or TIN is not available), (d) Covered all 12 months, (e) Months of coverage (Jan-Dec). Rows include JOHN M DOE SR, ANDREA DOE, JANE DOE, LENORE DOE, MARTIN DOE JR.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Do not attach to your tax return. Keep for your records.

Form 1095-B (2018)

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that the individuals in your tax family (yourself, spouse, and dependents) had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year.

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.

Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

Part I. Responsible Individual, lines 1-9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 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.

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.

Line 8. 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



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

Line 9. Reserved.

Part II. Information about Certain Employer-Sponsored Coverage, lines 10-15. If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage.

Part III. Issuer or Other Coverage Provider, lines 16-22. This part 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).

Part IV. Covered Individuals, lines 23-28. This part 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 the SSN or other TIN isn't entered in column (b).