



P.O. Box 4002 • Eau Claire, WI 54702-4002  
715-835-3174 • 800-424-3405 • Fax 715-834-8061 • Claims Fax 715-835-3114

## IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

The Form 1095-B is an annual report that identifies which months you and your dependents were enrolled in "minimum essential coverage." In prior years, the Fund provided you with a copy of this Form. The Internal Revenue Service no longer requires the Fund to automatically provide copies of the Form 1095-B, because there is no penalty for not enrolling in minimum essential coverage. Accordingly, you will no longer receive a copy of the Form 1095-B in the mail, unless you request one.

Participants may request a copy of their 2021 Form 1095-B, Health Coverage by contacting the Fund Office through one of the following methods:

- EMAIL request to [eives@ncscbf.com](mailto:eives@ncscbf.com)
- MAIL request to:  
NCSRCC Health Fund  
PO Box 4002  
Eau Claire, WI 54702
- CALL 1-800-424-3405

Please include your name and ID number with your request.

Yours very truly,

THE BOARD OF TRUSTEES