

Utah Laborers' Trust Funds

COMPUSYS/UT

UTAH LABORER'S HEALTH & WELFARE FUND
 UTAH LABORER'S PENSION TRUST FUND
 UTAH LABORER'S TRAINING TRUST FUND

P.O. BOX 30262 • SALT LAKE CITY, UTAH 84130-0262 • TELEPHONE 800-928-1001
 801-973-1010

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE COVERAGE

This year is the first year health plans and Applicable Large Employers (employers with 50 or more full time employees) are required to report to the IRS the health care coverage provided to you and your dependents.

On or before January 31, 2016, you will receive a copy of Form 1095-B from the Plan. This form will indicate the specific months in 2015 that you received minimum essential coverage from this Plan. Below is a copy of Form 1095-B.

Form 1095-B Health Coverage 560315
 DEPARTMENT OF THE TREASURY Internal Revenue Service
 Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.
 VOID CORRECTED
 OMB No. 1545-0047
2015

Part I Responsible Individual

1 Name of responsible individual
 2 Social security number (SSN)
 3 Date of birth (if SSN is not available)
 4 Street address (including apartment no.)
 5 City or town
 6 State or province
 7 Country and ZIP or foreign postal code
 8 Enter letter identifying Origin of the Policy (see instructions for codes): _____
 9 Small Business Health Care Program (SBCP) Marketplace Identifier, if applicable

Part II Employer Sponsored Coverage (see instructions)

10 Employer name
 11 Employer identification number (EIN)
 12 Street address (including room or suite no.)
 13 City or town
 14 State or province
 15 Country and ZIP or foreign postal code

Part III Insurer or Other Coverage Provider (see instructions)

16 Name
 17 Employer identification number (EIN)
 18 Contact telephone number
 19 Street address (including room or suite no.)
 20 City or town
 21 State or province
 22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual	(b) SSN	(c) DOB (if SSN is not available)	(d) Gender (if known)	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XERO #1807 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. 41-0000111 1009998 Form 1095-B 2015

This form will have important information about the coverage provided to you and your dependents. Keep this form; you will need this information for filing your 2015 taxes.

If you work for an employer that is an Applicable Large Employer you may also receive a Form 1095-C. If you had medical coverage from various health plans during the calendar year, you may receive more than one IRS Form.

