

IMPORTANT INFORMATION

Form 1095-B

Form 1095-B is a tax form that reports the type of health insurance coverage you have, any dependents covered by your insurance policy, and the period of coverage for the prior year. This form is used to verify on your tax return that you and your dependents have at least minimum qualifying health insurance coverage.

Since 2015, MILA has mailed to all MILA members in accordance with the Affordable Care Act (ACA) Form 1095-B documenting their eligibility for coverage from MILA. The Internal Revenue Service has issued a notice advising insurers and plans like MILA that they are no longer required to mail Form 1095-B to their participants. However, MILA members who live in New Jersey will receive Form 1095-B from MILA by mail because New Jersey requires MILA to send New Jersey members Form 1095-B.

If you would like to receive a copy of your Form 1095-B, please email MILA at info@milamhctf.com or send a written request to the MILA Plan office:

**LaVerne Thompson
Executive Director**

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