



12/07/2021

3411095BR0028002-01256-01

BHAWANA RANA
8787 DOUBLETREE DR S
CROWN POINT IN 46307-9382



**Important tax information about providing your Social Security number
THIS IS NOT A BILL**

Dear BHAWANA RANA:

Under the federal health reform law and under certain state laws UnitedHealthcare must report which individuals had a plan with minimum essential coverage. To report, we need Social Security numbers for all members covered under your health plan. If you didn't have coverage or it's not reported with each member's social security number, you may have to pay a fee when you file your taxes.

What is minimum essential coverage?

Minimum essential coverage may include health insurance through a government-sponsored program, eligible employer-sponsored plan, individual market plan or other coverage designated by the Department of Health and Human Services. Your UnitedHealthcare plan is minimum essential coverage.

This information must be reported to the IRS and certain state tax agencies on the Form 1095-B. We've enclosed the current Form 1095-B for your records.

Why did we send you this letter?

Our files show that we do not have a Social Security number for some member(s) covered under your health plan. The names are listed on the Social Security Number Request form sent with this letter.

Here's what to do:

Do not send Form 1095-B back to us. Please fill out the enclosed Social Security Number Request form and return to us by:

- **Going online:** Log in to uhcsr.com/myaccount OR
- **Sending it by mail:** Fill out the Social Security Number Request Form sent with this letter. Send it back to us in the return envelope also sent with this letter. Please make sure the return address appears in the window.

When you provide the Social Security number(s), we will add it to our system. We will send you a new Form 1095-B with the Social Security number(s) you provided so you can keep for your records.

Protecting your privacy

Protecting your privacy is important to us. We keep your Social Security number confidential and limit the number of people who can see it. For this reason, UnitedHealthcare will not call you to ask for your Social Security number.

Questions?

If you have any questions, please call us toll-free at the phone number on your health plan ID card.

Sincerely,



12/07/2021

Important Tax Information

Under the federal health reform law and under certain state laws UnitedHealthcare must report which individuals had a plan with minimum essential coverage. UnitedHealthcare must report this information about your minimum essential coverage on Form 1095-B to the IRS and certain state tax agencies. Certain states may use this information to administer their health care laws.

What is minimum essential coverage?

Minimum essential coverage may include health insurance through a government-sponsored program, eligible employer-sponsored plan, individual market plan or other coverage designated by the Department of Health and Human Services. Your UnitedHealthcare plan is minimum essential coverage.

What is Form 1095-B?

This is an IRS form that shows the health care information that is shared with the IRS and certain state tax agencies. Certain states may use this information to administer their health care laws.

The form shows this information about your health insurance:

- Type of coverage you had
- Period of coverage
- Who was covered (including dependents)

Why did you get more than one Form 1095-B?

You may have been covered under more than one policy during the year. You will get a separate Form 1095-B for each policy.

Will dependents over age 18 covered under your plan get a separate copy of this form?

Dependents over age 18 covered under your plan will **not** get a separate copy of Form 1095-B. You should give a copy to individuals covered under your plan, if they need it for their records.

What if you had minimum essential coverage with another company?

You should receive a form 1095 from any other company that provided you minimum essential coverage.

What if you didn't have minimum essential coverage for the entire year?

Beginning with the 2019 tax year, the IRS penalties have been reduced to zero. Certain states, however, have enacted their own health care laws that require minimum essential coverage and may impose a penalty. For more information, contact your tax advisor or state tax agency.

Can you get this form electronically?

We encourage you to choose to get this form electronically. For more information about electronic delivery, please visit uhcsr.com/myaccount.

Will this form be sent again next year?

You will get a form 1095 every year from any company that provided you minimum essential coverage.

Questions?

If you have any questions, please call us toll-free at the phone number on your health plan ID card.

This communication is not intended, nor should it be construed, as legal or tax advice. Please contact a legal or tax professional for legal advice, tax treatment and restrictions. Federal and state laws and regulations are subject to change. You may also visit IRS.gov or your state tax agency.



Social Security Number Request Form

Important Tax Information

Under the federal health reform law and under certain state laws UnitedHealthcare must report which individuals had a plan with minimum essential coverage. Your UnitedHealthcare plan is minimum essential coverage. UnitedHealthcare must report this to the Internal Revenue Service (IRS) and certain state tax agencies. To report, we need Social Security numbers for all members covered under your health plan. If you didn't have coverage or it's not reported, you may have to pay a fee when you file your taxes.

Here's what to do:

Below is a list of members covered under your plan who do not have a Social Security number on file with us. If anyone covered under your plan is not listed, it is because we already have their Social Security number.

For each member listed:

- **If the member has a Social Security number:**
Write the Social Security number in the column called "SSN" on the same line with that person's name.
- **If the member does not have a Social Security number:**
Place a check mark in the column called "Does Not Have an SSN" on the same line with that person's name.

<u>Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Does Not Have an SSN</u>
BHAWANA RANA	09/23/1999		

Certification: I certify that the information included above is complete and accurate, including any information about an individual(s) who does not have a Social Security number (SSN) or individual taxpayer identification number (TIN) used by the IRS in the administration of U.S. tax law.

Person completing this form: _____
(Please Print)

Signature: _____ Date: _____

If you are going to mail this form to us, please turn this page over for instructions.

VOID

OMB No. 1545-2252

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

CORRECTED

2021

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name
 BHAWANA RANA

2 Social security number (SSN) or other TIN

3 Date of birth (if SSN or other TIN is not available)
 09/23/1999

4 Street address (including apartment no.)
 8787 DOUBLETREE DR S

5 City or town
 CROWN POINT

6 State or province
 IN

7 Country and ZIP or foreign postal code
 46307

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ D

9 Reserved

Part II Information about Certain 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 Issuer or Other Coverage Provider (see instructions)

16 Name
 UnitedHealthcare Insurance Company

17 Employer identification number (EIN)
 36-2739571

18 Contact telephone number
 800-767-0700

19 Street address (including room or suite no.)
 PO Box 809026

20 City or town
 Dallas

21 State or province
 TX

22 Country and ZIP or foreign postal code
 UNITED STATES 75380-9026

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

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (If SSN or other TIN 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 BHAWANA RANA		09/23/1999	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



