UnitedHealthcare Insurance Company P.O. Box 809026 Dallas, TX 75380-9026



12/10/2018

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# **Important Tax Information**

Under federal health reform law, individuals must have health insurance called minimum essential coverage. They must report this to the Internal Revenue Service (IRS) when they file their taxes. If they don't have coverage or it's not reported, they may have to pay a fee to the IRS. To show the IRS that you had coverage with UnitedHealthcare, we are sending Form 1095-B.

# 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 the IRS form you will use when you prepare your tax return to show you had minimum essential coverage. The form shows this information about your health insurance:

- Type of coverage you have
- 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.

### How will the IRS know who has health insurance?

Under IRS rules, health insurance issuers, such as UnitedHealthcare, must report who had coverage to the IRS. The IRS matches the information we send with the information taxpayers put on their tax return to determine who had minimum essential coverage.

# 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?

If you didn't have minimum essential coverage for the entire year, you may have to pay a fee when you file your tax return. If you had a gap in coverage for less than three months, you may not have to pay a fee. If the gap was longer than three months and you couldn't afford coverage, you may qualify for an exemption. For more information on exemptions, visit HealthCare.gov.

# 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 (to use when preparing your tax return) 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.

Sincerely,

UnitedHealthcare

Enclosure: Form 1095-B

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.

Form 1095-B			Healt	Health Coverage	age				Ц				5L OMB No. 1545-2252	560118 252
Department of the Treasury Internal Revenue Service		► Do ► Go to www.	► Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information.	our tax returi 15B for instru	n. Keep for uctions and	r your reco	ords. st informat	ion.		□corrected	ECTED		2018	•
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8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):	Origin of the H	lealth Coverage (see	instructions for c	codes):	<u>□</u>	<u></u>								
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Part III Issuer or	r Other Cov	Issuer or Other Coverage Provider (see instruction	(see instructic	ons)						_				
16 Name UnitedHealthcare Insurance Company	Company					17 36-2	17 Employer identification number (EIN) 36-2739571	entification r	number (EIN)		18 Cont 800-767-0	18 Contact telephone number 800-767-0700	ne number	
19 Street address (including room or suite no.) PO Box 809026	ng room or suite n		20 City or town Dallas			<b>2</b> ≿	State or province	vince			22 Cour	ntry and ZIF	22 County and ZIP or foreign postal code UNITED STATES 75380-9026	- эрс
Part IV Covered	Individuals	Covered Individuals (Enter the information for each	mation for eac	ch covered individual.	individu	ત્રા.)								
(a) Name of covered individual(s) First name, middleinitial, last name	idual(s) t name	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)		d) Covered all 12 months			(e)	(e) Months of coverage	verage				
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	erwork Reductic	on Act Notice, see sep	arate instructions.	_			Ü	Cat. No. 60704B	В				Form $1095$ -B (2018)	<b>-B</b> (2018)

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# Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax essential coverage") for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility dependents) had qualifying health coverage (referred to as "minimum eturn that the individuals in your tax family (yourself, spouse, and

have minimum essential coverage and what is minimum essential coverage, Minimum essential coverage includes government-sponsored programs, minimum essential coverage. For more information on the requirement to see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individualcoverage the Department of Health and Human Services designates as eligible employer-sponsored plans, individual market plans, and other Shared-Responsibility-Provision.



equest it for their records.

reported on that form. As the recipient of this Form 1095-B, you Providers of minimum essential coverage are required to furnish should provide a copy to other individuals covered under the policy if they only one Form 1095-B for all individuals whose coverage is

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

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

equired to report your complete SSN or other TIN, if applicable, to the IRS. form may show only the last four digits. However, the coverage provider is axpayer identification number (TIN), if applicable. For your protection, this Lines 2 and 3. Line 2 reports your social security number (SSN) or other Your date of birth will be entered on line 3 only if line 2 is blank.



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 determine that they have complied with the individual shared responsibility not be able to match the Form 1095-B with the individuals to orovision

covered individuals were enrolled. Only one letter will be entered on this line. **Line 8.** This is the code for the type of coverage in which you or other

- 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



received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see coverage through a Health Insurance Marketplace (also known as www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Form 1095-A rather than a Form 1095-B. If you or another family member an Exchange), that coverage will generally be reported on a If you or another family member received health insurance Care-Information-Forms-for-Individuals.

Line 9. Reserved.

Part II. Information About Certain Employer-Sponsored Coverage, lines provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part also may be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your 10-15. If you had employer-sponsored health coverage, this part may employer or other coverage provider.

coverage sponsor). Line 18 reports a telephone number for the coverage Part III. Issuer or Other Coverage Provider, lines 16-22. This part reports providing self-insured coverage, government agency sponsoring coverage provider that you can call if you have questions about the information information about the coverage provider (insurance company, employer under a government program such as Medicaid or Medicare, or other reported on the form.

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 Part IV. Covered Individuals, lines 23-28. This part reports the name, SSN indicating the months for which these individuals were covered. If there are least one day in every month of the year. For individuals who were covered column (b). Column (d) will be checked if the individual was covered for at more than six covered individuals, see Part IV, Continuation Sheet(s), for or some but not all months, information will be entered in column (e) nformation about the additional covered individuals.