

Form **1095-B**

Department of the Treasury  
Internal Revenue Service

# Health Coverage

**Do not attach to your tax return. Keep for your records.**  
Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2252

# 2024

## Part I Responsible Individual

|   |                |   |  |
|---|----------------|---|--|
| 1 Name of responsible individual—First name, middle name, last name   |                | 2 Social security number (SSN) or other TIN | 3 Date of birth (if SSN or other TIN 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 Health Coverage (see instructions for codes): . . . . <input type="checkbox"/> |                | 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   |                 | 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(s)<br>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   |                      |  | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> |