

1095B Form

NOTICE REGARDING PROOF OF HEALTH INSURANCE FORM 1095-B

In prior years, you received a tax form from the Plan confirming the months of enrollment in the Southern California Painting and Drywall Industries Health and Welfare Trust Fund for you and your dependents (labeled the Form 1095-B). The purpose of this Form was to provide you with proof that you were enrolled in health insurance and satisfied your obligation under the Individual Shared Responsibility requirements (commonly referred to as the “individual mandate”).

Effective as of January 1, 2019, Congress eliminated the individual penalty for failure to maintain health insurance coverage. As such, the IRS has determined that the Form 1095-B no longer needs to be distributed to plan participants and an individual does not need the information on Form 1095-B in order to compute his or her federal tax liability or file an income tax return. In accordance with these guidelines, you will not receive a Form 1095-B from the Plan for the 2019 tax year unless you request a copy.

To request a copy of the Form 1095-B, please send a written request to P.O. 5825, El Monte, CA 91734 or email ste150cs@pswadmin.com. Please allow up to 10 days from receipt for your request to be processed.

If you have any questions about this Form or the Plan’s reporting obligations, please contact our customer service department at 626-279-3020.