

**Your Logo  
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Dear [Name of Employee],

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. **Individuals who do not have minimum essential coverage and do not qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.**

As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Please refer to Page 2 of the Form 1095-B for a detailed explanation of the information provided. You may contact [Name of Contact] at [Phone Number of Contact] if you have questions about the information reported on the form or to report errors in the information on the form.

Regards,

[Name of Employer]