



State Health Benefits Program School Employees' Health Benefits Program

Form 1095-B: Frequently Asked Questions

The following FAQ provides general information to the recipients of *Form 1095-B*:

Q: What is *Form 1095-B*?

- A The Patient Protection and Affordable Care Act is a federal law that requires almost everyone in the United States to have medical coverage. *Form 1095-B* is a health insurance tax form which reports the type of coverage you have, dependents covered by your insurance policy, and the period of coverage for the prior year. For tax year 2015, people who do not have a minimal level of coverage may pay a penalty to the Internal Revenue Service (IRS). Your *Form 1095-B* is proof that you and your covered dependents had medical coverage, so you can report it on your 2015 tax filing and avoid paying the penalty. You will need this form to complete your 2015 federal tax return.

Q: Who receives a *Form 1095-B* from the Division of Pensions and Benefits?

- A You will receive a *Form 1095-B* if you were covered under the State Health Benefits Program (SHBP) or the School Employees' Health Benefit Program (SEHBP) as a pre-65 retiree/dependent or as a COBRA recipient during the 2015 calendar year (January 1 – December 31, 2015).

Q: When will I get my *Form 1095-B*?

- A *Form 1095-B* will be mailed to your home at the beginning of February 2016. Only one form is provided for all covered dependents. You may need to provide copies to any dependents who request this information for their taxes.

Q: What should I do with my *Form 1095-B*?

- A When you receive your *Form 1095-B*, review it for accuracy, and save it for your records. You will need it as supporting documentation to complete your 2015 federal tax return.

Q: What information is included on my *Form 1095-B*?

- A Your name, address, date of birth, Social Security number, and a breakdown of the months you had coverage under the SHBP/SEHBP.

NOTE: If you or a spouse/partner is over age 65, that member's information will not be included under the health coverage portion of *Form 1095-B*.

Q: What should I do if my *Form 1095-B* has incorrect information on it?

- A To report any incorrect information and request a new form, contact the Division of Pensions and Benefits, Office of Client Services at (609) 292-7524.

Q: Can I access my *Form 1095-B* electronically?

- A You will be able to view your *Form 1095-B* information online via the Member Benefits Online System (MBOS). MBOS is a set of Internet based applications that allow registered retirees and benefit recipients access to their pension and health benefit account information. To logon or register for MBOS visit:
www.nj.gov/treasury/pensions/mbosregister.shtml

Q: What if I was employed by another employer or enrolled in another health insurance plan in 2015?

- A If you were covered by a different employer or insurance plan(s) during Calendar Year 2015, you should receive one or more *Form 1095-B* or *Form 1095-C* from them.

Q: What if I have questions?

- A If you have specific questions about the information provided on your *Form 1095-B* you can contact the Division of Pensions and Benefits, Office of Client Service at (609) 292-7524 or visit: www.state.nj.us/treasury/pensions For general information or to learn more about the Patient Protection and Affordable Care Act visit www.irs.gov or www.healthcare.gov