

Employer Name and address

This template is provided by LPI Information Systems to assist software designers in laying out print positions for the portrait format substitute 1095B forms from LPI. 1095B50 or 1095B500

The positions of the Employer Name and Address and the Employee Name and Address areas at the top of this page are designed to allow this form to be mailed in:

DWMR, DWMRS, or DWMRD

double window envelopes from LPI. These address areas are NOT marked on the preprinted forms, but are necessary to allow use of window envelopes.

Use of other forms and/or address area positions will NOT allow 1095B forms to be mailed in these envelopes.

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Employee Name and address

1095-B

Health Coverage

VOID

OMB No. 1545-0047

CORRECTED

2015

Part I Responsible Individual

Form fields for Part I: 1. Name of responsible individual, 2. Social security number (SSN), 3. Date of birth (if SSN is not available), 4. Street address, 5. City or town, 6. State or province, 7. Country and ZIP or foreign postal code, 8. State of residence, 9. State of origin (see instructions for codes)

Part II Employer Sponsored Coverage (see instructions)

Form fields for Part II: 10. Employer name, 11. Employer identification number (EIN), 12. Street address, 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)

Form fields for Part III: 16. Name, 17. Employer identification number (EIN), 18. Street address, 19. City or town, 20. State or province, 21. Contact telephone number, 22. Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual(s))

Table with columns for (a) Name of covered individual(s), (b) SSN, (c) DOB if SSN is not available, (d) Gender, (e) Months of coverage (Jan-Dec) and rows for individuals 23 through 28.