



# IBEW

INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS LOCAL NO. 150  
FRINGE BENEFIT FUNDS



IBEW Local No. 150 Welfare Fund  
IBEW Local No. 150 Pension Fund  
IBEW Local No. 150 Vacation Fund  
IBEW Local No. 150 Supplemental Pension Fund

Managed for the Trustees by:  
TIC INTERNATIONAL CORPORATION

January 25, 2016

TO: ALL FUND PARTICIPANTS AND DEPENDENTS

RE: IBEW LOCAL NO. 150 WELFARE FUND – AFFORDABLE CARE ACT

Dear Participant:

Within the next few days you will receive an IRS form showing the months you had coverage under the Fund. You will use this form for your 2015 tax return.

This form (called a Form 1095-B) is part of a new, annual report required under the Affordable Care Act ("ACA" or "Obamacare"). The ACA requires the Fund to file this form with the IRS reporting the months you (and your family members, if applicable) were enrolled in coverage under the Fund.

As you know, the ACA generally requires all individuals to have health insurance or pay a fee. You will report whether you and, if applicable, your dependents satisfied this requirement when you file your taxes. The Form 1095-B will help you answer this question. Keep the Form 1095-B with your other important documents for filing your taxes. If applicable, you should share a copy of the Form 1095-B with any enrolled dependents who separately file their taxes.

You may also receive a similar form from your employer. That form, called a Form 1095-C, will report months in which your employer offered you coverage. The instructions for the Form 1095-C provide a special rule for employers that participate in multiemployer health plans, such as the Fund. This means some employers may report that you were not offered coverage. **The Trustees want to assure you that you were enrolled in coverage under the Fund for all months reported on the Form 1095-B, regardless of what is reported on your employer's Form 1095-C.**

The Trustees recognize that these new Forms and the ACA are complex and confusing. If you have any questions or if you would like more information to understand the implications of this form or ACA generally, please contact the Fund Office at the number below or your tax preparer.

Sincerely,

IBEW Local No. 150 Welfare Fund  
Board of Trustees

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