

## Aetna International 1095-B Tax Form

To access your 1095-B in the secure member portal:

- Log into member website at [www.aetna.com](http://www.aetna.com) using your secure member login name and password
- Click on “**Messages**” along the top of the home screen
- Click on “**Letter and Communications**”
- Form will be there to download and print

Members can also call 1-855-531-6837 and request a copy to be emailed to them.

Sample form:

The screenshot shows the Aetna member portal interface. At the top, there is a navigation bar with links for Messages, Forms, ID Card, Profile, Contact Us, Your Videos, and Log Out. Below this is a secondary navigation bar with links for Home, Find Care, Manage Claims, See Coverage & Costs, Stay Healthy, and Manage Prescriptions. The main content area is titled 'Message Center' and features two tabs: 'Messages' and 'Letters & Communications'. The 'Letters & Communications' tab is active, showing a message that says 'No Letters and Communications for selected member'. A pink arrow points to the 'Messages' tab, and another pink arrow points to the 'Letters & Communications' tab. At the bottom of the page, there are links for Take a Tour, Accessibility Services, Terms of Use, Privacy Center, Plan Disclosures, Nondiscrimination Notice, and Site Map. A 'Secure' badge is visible in the bottom right corner.

The sample form is titled 'AETNA LIFE INSURANCE COMPANY' and is addressed to 'VEER, JEFFERY' at 'EAT HALLA ROAD, HUNTER, N.Y. 10801'. It is dated 'Form 1095-B (2014)'. The form includes instructions for the recipient, a list of coverage types (A through E), and a tip regarding the form's use. The form is presented in a digital viewer interface.

**AETNA LIFE INSURANCE COMPANY**  
PO Box 98130  
St Paul, TN 37868

For more information on the Affordable Care Act or the Individual Shared Responsibility Provision, visit [aetna.com/ACA](http://aetna.com/ACA).  
Also, visit [www.aetna.com/ACA](http://www.aetna.com/ACA) or call 1-800-452-2639.  
Contact: [www.aetna.com/ACA](http://www.aetna.com/ACA) or call 1-800-452-2639.  
See question "Contact Member Services" in the section to Box 2.

**VEER, JEFFERY**  
EAT HALLA ROAD  
HUNTER, N.Y. 10801

Form 1095-B (2014)

**Instructions for Recipient**

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 don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, visit [www.irs.gov/1095-B](http://www.irs.gov/1095-B) or visit [www.aetna.com/ACA](http://www.aetna.com/ACA) or call 1-800-452-2639.

**TIP** Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you will receive the individual document on the basis of your account.

**Box 2.** This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

A. Small Business Health Options Program (SHOP)  
B. Employer-sponsored coverage  
C. Government-sponsored program  
D. Individual market insurance  
E. Multiemployer plan  
F. Miscellaneous minimum essential coverage

**TIP** If you or another family member received health insurance coverage through a Health Insurance Marketplace, like those at an Exchange that coverage will be reported on a Form 1095-B other than a Form 1095-B.

**Box 3.** This line will be blank for 1014.

**Part 8. Employer-Sponsored Coverage (See 1014).** This part will be completed by the insurance company if an insurance company provides your employer-sponsored health coverage. It provides information about the employer sponsoring the coverage. This part may show only the last four