



Return address

[customer name]
[address]
[city, state, zip]

Dear [customer first name],

We've enclosed a copy of your 1095-B tax form for the [2015] calendar year. We've also sent a copy to the IRS, as required by law.

Under the Patient Protection and Affordable Care Act, most people living or working in the U.S. must have "minimum essential coverage" (MEC) or pay a tax penalty. This requirement is called the "individual mandate." This form shows which month(s) during [2015] you and, if it applies, your dependents* were enrolled in minimum essential coverage through Cigna and, thus, met the requirements of the individual mandate.

The IRS uses this form for purposes of administering the individual mandate. Please consult a tax professional if you have questions about whether this form applies to you. If you find this form doesn't impact you, you don't have to contact Cigna or take further steps.

**If your covered dependents file taxes separately, please share this form with them for tax preparation.*

Questions or concerns?

We're here to help. Our Customer Service number is [Phone Number].

Sincerely,
Cigna