



Connecticut Carpenters Health Fund

10 Broadway

Hamden, Connecticut 06518
RICHARD S. MONARCA
Fund Director

Telephone (203) 281-5511
Fax (203) 288-3235
Fax (203) 230-5958



IMPORTANT NOTICE – ACTION REQUIRED – 3rd REQUEST

Dear Participant:

We are writing to you as a follow up to our requests for your dependent's social security number(s). Starting with the 2015 calendar year, the ACA will impose a new reporting requirement on the Health Fund. Specifically, to document the fact that covered individuals have health coverage which complies with the ACA's "individual mandate," our Health Fund will be required to report various information to the Internal Revenue Service in early 2016, including: (a) the first and last name of each covered member and all of his or her dependents (spouse and qualifying child(ren) up to age 26), (b) the SSNs of each individual, and (c) the number of months that each individual had coverage through the Fund.

Please complete the attached form and return it to the Fund Office as soon as possible. If you have any questions, please contact us at (203)281-5511 or (800)922-6026 extension 641.

Sincerely,

The Connecticut Carpenters Health Fund

September 2015

Full Legal Name

Social Security Number

Member

----- - ----- - -----

Spouse

----- - ----- - -----

Dependent Child

----- - ----- - -----

Dependent Child

----- - ----- - -----

Dependent Child

----- - ----- - -----

Dependent Child

----- - ----- - -----

Dependent Child

----- - ----- - -----

Dependent Child

----- - ----- - -----

Dependent Child

----- - ----- - -----