

1095-B Form Assistance

If a customer has questions about the health care coverage listed on the 1095-B form, please provide the customer with this number: **1-866-667-9419**.

This number is at the top right hand corner of the first page of their cover letter.

STATE OF WISCONSIN – 1095-B
PO BOX 5236
JANESVILLE WI 53547 5236

1095B Cover Letter

Mailing Date: MM/DD/YYYY

000000
[MEMBER NAME]
[STREET]
[CITY], WI
[ZIP CODE]



State of Wisconsin

ID #: XXXXXXXXXXXX

1095-B Form Assistance
Phone: 1-866-667-9419