

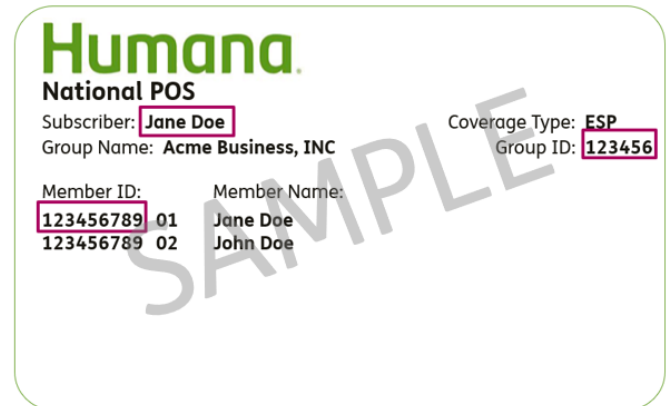
Request for IRS FORM 1095-B

(For Members with Insurance through an Employer)

The below information can be found on your medical member ID Card. **Please ensure that you provide the correct information; incomplete or inaccurate requests cannot be fulfilled.**

If you have multiple products through Humana, please ensure that you are referencing the card for your medical coverage.

Please note that the exact layout of your ID card may differ.



Subscriber Name:		ex. Jane Doe
Member ID:		ex. 123456789 or H12345678
Group ID:		ex. 123456
Tax Year:		ex. 2022

Please print and mail this form to:
Humana Correspondence Office
P.O. Box 14601
Lexington, KY 40512-4601

Or save a copy of this form, attach to an email, and send to 1095BRequests@humana.com.

Once this form is received, your Form 1095-B will be mailed to your address on file¹ within 30 days.

If you have any questions, please call the number on the back of your medical member ID card or at **800-4HUMANA (48-6262)**.

¹ Email and mail requests do not afford us the opportunity to verify the identity of the individual submitting the request. To ensure the protection of your information, changes of address will not be accepted in conjunction with a request for 1095-B sent by these methods. If you need to update your address, please call us using the number on the back of your medical member ID card or at **800-4HUMANA (48-6262)** or chat with us at [MyHumana.com](https://www.humana.com).