



## 1095-B Tax Form Request

To obtain a paper copy of your 1095-B, please complete this form and submit it using one of the following methods:

Mail to: The Health Plan  
Attn: Enrollment  
1110 Main Street  
Wheeling, WV 26003

Email to: [THPCOBRA@healthplan.org](mailto:THPCOBRA@healthplan.org)

Once THP receives this request, your Form 1095-B will be mailed to your address on file within 30 days.

If you have any questions, please call us at 866-581-8302.

<b>Member Name</b>	
<b>Member ID Number</b>	
<b>Member Address</b>	
<b>Group Number</b>	
<b>Tax Year</b>	