FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

TAX INFORMATION

DATE: November 2025

TO: Eligible Participants

FROM: Fox Valley Laborers Health and Welfare Fund

SUBJECT: IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

The Fox Valley Laborers Health and Welfare Fund has previously issued you an annual IRS Form 1095-B Health Coverage. This form was needed for personal income tax returns, as it summarizes the months of health plan coverage you and your eligible dependents had under the Fund for the previous calendar year.

Beginning with the 2019 tax year, federal law* eliminated the mandate ("tax penalty") even if there were months in which you failed to maintain health plan coverage. Because you are no longer required to send the IRS information forms or other proof of health care coverage when filing your personal income tax return, beginning in 2026 for the 2025 Individual Federal Tax Year you will no longer automatically receive a Form 1095-B Health Coverage from the Fox Valley Laborers Health and Welfare Fund.

Upon request, the Fund will provide you a copy of your Form 1095-B. You may request Form 1095-B by the following means:

1. Via Telephone: Call the Fund Office at (847) 742-0900
2. Via Email: Email your request to customerservice@fvlab.com
3. Via Mail: Send your request to:
   Fox Valley Laborers Health and Welfare Fund
   2371 Bowes Road, Suite 500; Elgin, IL 60123

All requests should include your name, mailing address, and date of birth (month and day) to confirm your identity. Please state whether you want your Form 1095-B mailed or emailed to you. Your request to receive the form via email is your consent to receive electronic delivery of your tax document.

If you have any questions, please contact Customer Service at (847) 742-0900.

**State laws may vary*

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