

<Date>

<Name >

<Address>

<City, State ZIP code>

<Plan name>

<P.O. Box for Op's area>

<City, State ZIP>

## Need important information about members on your policy

Dear Valued Member,

Thank you for choosing us for your health care coverage. We're writing to you because we need to get some information that's required by the Internal Revenue Service (IRS).

Under the federal health care reform law, also called the Affordable Care Act, most people in the U.S. must have basic health insurance coverage. If they don't, they'll have to pay a penalty. The IRS is using Social Security numbers (SSN) to determine which people have coverage and won't have to pay a penalty. We don't have SSN information for your policy. Under the law, we must ask for that information and give it to the IRS.

### What we need you to do:

- Look over the form we've sent with this letter. We've listed each member with missing SSN information.
- Fill in the missing SSN for each member listed.
- Sign and date the form.
- Mail it to us using the envelope we've sent with this form.

### Protecting your privacy

We cannot take your information by phone, email or fax. Please send it to us by mail. We take protection of privacy very seriously, and have strict policies in place to protect your privacy.

For more details, go to <Brand URL> and choose the **Resources** tab. You can also find an explanation of why we are asking for this information on the IRS website. Just go to [irs.gov/Affordable-Care-Act](http://irs.gov/Affordable-Care-Act) and choose **Questions and Answers** from the topics on the left side. Then, choose **Reporting Social Security Numbers to Your Health Insurance Company**.

Wishing you the best of health,  
<Brand Name>