Independence

1095-B Tax Form Social Security Number (SSN) Corrections

If you received a 1095-B tax form from Independence Blue Cross (Independence) with an incorrect or missing SSN, you may use this form to correct or provide a missing SSN.

We need a valid SSN for you, and anyone covered under your Independence health plan, to issue you an updated 1095-B form and to accurately report your coverage status to the IRS. We encourage you to consult your tax advisor and refer to the 1095 Q&A on the IRS website for information about the use of 1095 forms.

How to return this form to Independence

- Mail to:

  Enrollment Department
  Independence Blue Cross
  1901 Market Street, Floor 10
  Philadelphia, PA 19103-1463

You may also provide your correct nine-digit TIN or SSN through our secure Interactive Voice Response (IVR) system at 833-444-1202.

This form is for SSN adds/changes only. Do not use this form to submit a change of address, or to add/remove dependents from your plan.

How to make changes to non- SSN information:

- If you have health coverage through an employer, please contact your employer.
- If you purchased your insurance directly from Independence (not through the State Based Exchange at pennie.com), please call the Customer Service phone number on the back of your member ID card.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

6217

Request for Taxpayer Identification Number
Substitute Form W-9

Contract Holder UMI: _____

1. **Member's Name:** _____ **Date of Birth:** _____

   Social Security Number (SSN) or TIN: ___ - ___ - ____

2. **Member's Name:** _____ **Date of Birth:** _____

   Social Security Number (SSN) or TIN: ___ - ___ - ____

3. **Member's Name:** _____ **Date of Birth:** _____

   Social Security Number (SSN) or TIN: ___ - ___ - ____

4. **Member's Name:** _____ **Date of Birth:** _____

   Social Security Number (SSN) or TIN: ___ - ___ - ____

5. **Member's Name:** _____ **Date of Birth:** _____

   Social Security Number (SSN) or TIN: ___ - ___ - ____

6. **Member's Name:** _____ **Date of Birth:** _____

   Social Security Number (SSN) or TIN: ___ - ___ - ____

Certification

Under penalties of perjury, I certify that:

1. **The number shown on this form is my correct Social Security Number (or Individual Tax Identification Number) and**
2. **I am a U.S. person (including a U.S. resident alien).**

Name of person completing this form: _____

Signature: _____ **Date:**_____/_____/_____

This form is for Social Security Number adds/changes only. Do not use this form to submit change of address, or to add/remove dependents from your plan.

What to do if you want to make changes to non-SSN information:

- If you have health coverage through an employer, please contact your employer to update your information.
- If you purchase your own insurance individually, please call Customer Service using the number on the back of your ID card.