



1095-B Tax Form Request

As a Blue Cross and Blue Shield of Montana (BCBSMT) member, you'll no longer need the information on the Form 1095-B to file your federal income taxes.

You can still get your BCBSMT Form 1095-B by request.

Your request must include:

- 1** Your Name
- 2** Your Member ID Number
- 3** Your Group Number

BlueCross BlueShield of Montana

1 Member Name
John Q. Sample

2 Member ID
ABC12345678

3 Group Number **987654**

RxBIN 000000
RxPCN XXXX

Rx

To get your Form 1095-B, please mail this information to:

Blue Cross and Blue Shield of Montana
c/o 1095-B Form Request
PO Box 660044
Dallas, TX 75266-0044

Your Form 1095-B will be mailed to your address on file within 30 days.

If you have any questions, please call the number on the back of your BCBSMT member ID card.

Name	
Member ID Number	
Group Number	
Tax Year	