

IBEW Local 38 Fringe Benefit Funds Inc.



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Phone: 216-431-7738 Fax: 216-431-7719

IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

Form 1095-B Health Coverage

Individuals may request a copy of Form 1095-B Health Coverage by **Phone:** 216-431-7738, **Email:** Tammy@ibew38-benefits.com, **Fax:** 216-431-7719, or sending a written request to our address below.

IBEW Local 38 Health & Welfare Fund
PO Box 6326
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