

BAY AREA AUTOMOTIVE GROUP WELFARE FUND

4160 Dublin Blvd. Ste 100 | Dublin, California 94568
Telephone 1-800-267-3232 | Fax 925-833-7301

IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

This Notice is to inform you that you are entitled to a copy of your Form 1095-B upon request. The Form 1095-B provides information about the health plan coverage offered to you by the Bay Area Automotive Group Welfare Fund.

If you would like to request a copy of your Form 1095-B, please contact us using one of the following methods:

- **Email:** Send your request to CSU@hsba.com. Please include your name and indicate “Bay Area Automotive Group Welfare Fund – Request for Form 1095-B” in the subject line.
- **Mail:** Send your written request to 4160 Dublin Blvd., Suite 100, Dublin, CA 94568. Please include your name and indicate that the request is for Bay Area Automotive Group Welfare Fund.

You will receive a copy of your Form 1095-B within 30 days of your written request.

If you have any questions regarding this Notice, please contact 800-267-3232.