



# Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

*Serving the Laborers' District Council of Western Pennsylvania  
Pension Fund, Welfare Fund and other affiliated Funds*

FORBES-PRIDE BUILDING • 1425 FORBES AVENUE • PITTSBURGH, PENNSYLVANIA 15219-5140  
PHONE: 1-412-263-0900

September 21, 2015

Dear Employer:

The Affordable Care Act (ACA) imposes obligations on employers, and medical plan providers and sponsors like the Laborers' District Council of Western Pennsylvania Welfare Fund (Welfare Fund), to issue notices to employees and sponsors and to file reports with the Federal government in early 2016, with regard to calendar year 2015. These legal obligations are very complex, and every employer participating in the Welfare Fund is encouraged to seek professional guidance from your legal, tax, and other advisers about your ACA obligations. The Welfare Fund cannot provide such advice to you, and this letter is not intended to serve such a purpose.

The information provided below is based on Instructions for Forms 1094-C and 1095-C issued by the IRS on September 16, 2015 (see <http://www.irs.gov/instructions/i109495c/ar01.html>). If your organization is an "Applicable Large Employer" as defined in the law, it is likely responsible to complete IRS Form 1095-C, and to distribute that form to each full-time employee. For your information, based upon your status as a participating employer providing benefits to some of your employees under the Welfare Fund's medical plan, the following information is supplied for your completion of Form 1095-C as to such employees:

Line 14: 1H for each month you made contributions to the Welfare Fund for this employee, pursuant to the terms of a collective bargaining agreement

Line 15: \$0.00

Line 16: 2E for each month you made contributions to the Welfare Fund for this employee, pursuant to the terms of a collective bargaining agreement

This will certify that the medical benefits plan provided by the Welfare Fund does offer Minimal Essential Coverage, and the coverage is at least of Minimal Value, as those terms are defined by applicable law. Coverage is provided to spouses and other dependents of members, including biological children, adopted children and step-children under age 26, and disabled children over age 26. The employee share of lowest cost monthly premium for self-only Minimum Value coverage is \$0.00.

While the first section of Form 1095-C requests employer data, such as your tax identification number, we also provide the following additional information to assist you in carrying out your notice and reporting responsibilities:

Fund Name: Laborers' District Council of Western Pennsylvania Welfare Fund  
EIN: 25-6035806  
Plan No. 501  
Plan Year: January 1 – December 31

Sincerely,

Board of Trustees of the Laborers'  
District Council of Western Pennsylvania  
Welfare Fund

**For Calls Made in Pennsylvania but Outside Metropolitan Pittsburgh, Use Toll Free Number: 1-800-242-2538**

**FAX NUMBERS:** Benefits Dept. – 1-412-263-2813 • Reports Dept. – 1-412-263-2825 • Administrative Dept. – 1-412-263-2084

Website: [www.lcfowpa.com](http://www.lcfowpa.com)