



Request for Social Security Numbers: Frequently Asked Questions

If you are covered by an AmeriHealth health plan and recently received a letter asking you to provide a Social Security Number (SSN) for you or your covered dependent(s), we want to assure you that this is a real request from AmeriHealth.

You received this letter because AmeriHealth is required by the Affordable Care Act (ACA) to collect SSNs to report coverage information to the Internal Revenue Service (IRS).

We take every possible measure to safeguard members' personal information. Please read our Frequently Asked Questions (FAQ) below for more information about the IRS reporting requirements.

Why are you asking me to provide a SSN?

In 2014 and 2015, as part of meeting the requirements of the Affordable Care Act, AmeriHealth, as well as other health insurers, must make reasonable attempts to obtain SSNs for all covered individuals if we do not currently have them on file.

How are you using this information?

AmeriHealth is required by the ACA to report data to the IRS for members with health benefit plans that provide minimum essential coverage, unless the member obtained coverage through the federal Health Insurance Marketplace at www.healthcare.gov. The data we must report includes an individual's name, SSN, and dates of coverage. This information will be used to provide you with an IRS 1095-B form, which you will need to include with your 2016 tax return.

Please be assured that your privacy is very important to us. We are working with a trusted third-party vendor to securely collect and report this information to the IRS.

What happens if I do not provide this information?

You will need the IRS 1095-B form to complete your federal income tax return in 2016 as proof of your health care coverage. You must be able to prove to the IRS that you have health care coverage, or you may face a financial penalty. If you do not respond to the letter you recently received, you will receive a follow-up letter from AmeriHealth.

How do I provide this information?

Enclosed with the letter you received is a form and a postage-paid envelope. Please review the form carefully, fill in the required information, and return the completed form no later than two weeks from the date you received the letter.

What if I need another form mailed to me?

Our trusted third-party vendor has provided a secure email address. Please email your request for a form to AmeriHealth@directchoiceinc.com. Be sure to include your name and address in your email.

Can I provide this information by telephone?

No. AmeriHealth must receive this information via the paper form you received with the letter for tracking and auditing purposes.