

Health & Welfare Trust Self-Funded Members - Request your 1095-B

If you wish to receive a copy of your 1095-B for your own records, you may request one by:

- Calling our office at 808-441-8700 or 1-888-520-8078, extension 700 for the neighbor islands.
- Sending an email to memberservices.b@pacadmin.com with your request. Please do not include your social security number or birthdate in your email, instead include your first and last name and current employer.
- Mailing your request to:
Hawaii Laborers' Health & Welfare Fund
1440 Kapiolani Blvd., Ste. 800
Honolulu, HI 96814

All requests for a 1095-B will be mailed within 30 days of your request. Kaiser members please contact Kaiser for a copy of your 1095-B Forms.