

INSTRUCTIONS

For 1095-C issued in the current year, do not submit requests prior to March 1st. This will allow time for delivery of the original 1095-C.

Requests received prior to March 1st will not be processed. Requests are not filled on demand, they are processed in the order received. Requests must be signed by the requestor of the 1095-C. 1095-C cannot be faxed, scanned, or emailed. Please print clearly.

Once completed, send request by mail, fax, or email to:

Mail: Benefit Services Division
 100 North 15th Avenue
 Suite 260
 Phoenix, Arizona 85007

Fax: (602) 542-4048

Email: BenefitsIssues@azdoa.gov

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID Number (EIN): _____

Agency: _____

1095-C Year(s) Requested: _____

REQUESTOR INFORMATION

Requestor's Name: _____
(if different than employee)

Requestor's Mailing Address*: _____

Requestor's City, State, ZIP*: _____

*This will not update the employee's address in our system. If the address needs to be updated, the employee will need to login to the YES website at <http://yes.az.gov> or contact their agency HR/Personnel office.

DELIVERY METHOD

SELECT ONE

- Mail:** The 1095-C will be mailed to the requestor's mailing address provided above. **For this option, provide a self-addressed, stamped envelope for us to mail the duplicate 1095-C.**
- Pick up at BSD:** The BSD will notify the recipient by phone when the 1095-C is available for pick-up. The recipient must provide a valid photo identification and signature to obtain the 1095-C.

DECLARATION

SELECT ONE

I declare that:

- I am requesting my own 1095-C.
- I have been authorized by court order or subpoena (attached) to obtain the employee's 1095-C.

I declare that the employee died on _____ (death certificate attached). I also declare:

- I am the Personal Representative, Administrator, Executor, or Trustee of the Estate of the employee as authorized by the executed will or court document (attached).
- I am the surviving spouse of the employee or have a power of attorney (attached) that authorizes me to act on behalf of the surviving spouse.
- I have a material interest in the 1095-C information and I am a successor of the employee or have a power of attorney (attached) that authorizes me to act on behalf of a successor.

Requestor's Signature (Required) _____

Date _____

Requestor's Phone Number (Required) _____