

**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: [benefits@azdoa.gov](mailto:benefits@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 [hrsystems.azdoa.gov](http://hrsystems.azdoa.gov) > YES Portal, 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)