

**Instructions**

- This form is to order a duplicate IRS Form 1095-C “Employer-Provided Health Insurance Offer and Coverage.”
- To request a reprint for the most recent year, do not submit your request until after March 1 to allow time for postal delivery of the original form.
- Requests received prior to March 1 are not processed until after March 1. Requests are processed in the order received.
- Requests will be delivered by our secure email system called Virtru.
- Please print clearly.

**Section 1: Employee Information**

LAST NAME		FIRST NAME	M.I.
EMPLOYEE ID NUMBER (EIN)	SOCIAL SECURITY NUMBER	1095-C YEARS REQUESTED	
STATE AGENCY			
HOME PHONE	CELL PHONE	EMAIL	

**Section 2: Requestor Information**

- I am the employee, use the information listed above.  
 I am not the employee; I have provided my information below.

LAST NAME		FIRST NAME	M.I.
ADDRESS		ST	ZIP
PHONE	EMAIL		

**Section 3: Declarations**

Choose all that apply.

I hereby declare that:

- I am requesting my own 1095-C form.
- I have been authorized by court order or subpoena (attached) to obtain the employee’s 1095-C form.
- I declare that the employee died on \_\_\_\_\_ (death certificate attached). I also declare that:
  - I am the personal representative, administrator, executor, or trustee of the estate of the employee as authorized by the executed will, trust document or court document (attached).
  - I am the surviving spouse of the employee or have 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 power of attorney (attached) that authorizes me to act on behalf of a successor.

**Section 4: Signature**

Employee or Requestor’s Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(required)*

**Section 5: Submit Form**

Submit the form and any attachments via the following methods:

- Mail: ADOA, HR-Benefits, PO Box 6548, Phoenix, AZ 85007
- Fax: 602-542-4048
- Email: [benefits@azdoa.gov](mailto:benefits@azdoa.gov) – Subject line: 1095-C Reprint Request – Employee Name
- Questions? Email [benefits@azdoa.gov](mailto:benefits@azdoa.gov)