



ONE TEAM, ONE MISSION

1095-C Correction Request Form

EMPLOYEE ID		SSN		DATE REQUESTED
FIRST NAME	MI	LAST NAME		DATE OF BIRTH
MAILING ADDRESS			PHONE NUMBER	
CITY	STATE	ZIP CODE		EMAIL ADDRESS
CHECK APPROPRIATE REASON FOR CORRECTION				
<input type="checkbox"/> Incorrect Personal Information <input type="checkbox"/> Months of Coverage Incorrect <input type="checkbox"/> Issue with Covered Dependents <input type="checkbox"/> Missing Dependent(s) <input type="checkbox"/> Other				
DETAILED DISCRPTION OF THE ISSUE REQUIRING A CORRECTION				

Employee/Employer Signature: _____ Date: _____