

CLEAR FORM

Mail to: Auburn University
Payroll & Employee Benefits
1550 East Glenn Ave
Auburn University, AL 36849

Date of Request

Fax: 334-844-1799

Email: benefit@auburn.edu

REQUEST FOR RE-ISSUED 1095-C

PLEASE PRINT or Fill in Online

Please reissue my Employer-Provided Health Insurance Offer and Coverage Insurance (Form 1095-C) for the tax year _____.

EMPLOYEE NAME: _____

BANNER ID: _____

CURRENT MAILING ADDRESS: _____

CITY: _____

STATE/ZIP: _____ / _____

DAYTIME PHONE NUMBER: _____

Current employment status with Auburn University: Active Separated

1095-C Form-Reprint

1095-C Form-Corrected

Mail to above address

Call for pickup (picture ID required)

Signature of Employee

For Payroll & Employee Benefits use only:	
1095-C reissued: _____ Date	Mailed: _____ Date
Processed by: _____	

Picked up: _____
Signature

Date