



## 1095 Form Request

### Instructions:

Complete this form to request a copy of your Form 1095 (Health Coverage Statement). Please provide accurate information to help us locate your record. Submit the completed form to:

UnifyHR  
P.O. Box 2310  
Fargo, ND 58108-2310

### Employee Information

Employer Name: \_\_\_\_\_  
Full Legal Name: \_\_\_\_\_  
Employee ID (if known): \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Social Security Number (Last 4 digits): \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Request Details

Tax Year Requested (e.g., 2025) \_\_\_\_\_

\*Preferred Delivery Method (check one): ☐ Electronic via employee portal

☐ Mailed paper copy

### Acknowledgment

I certify that the information provided above is accurate and authorize the company to release my Form 1095 as requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Choosing a preferred delivery method here will not update the delivery method currently set on your account. Please contact your employer to make any changes.