

Request for a Copy of Form 1095

Use this form to request a replacement copy of Form 1095-B or Form 1095-C. *(Do not use this form to request corrections to Form 1095.)*

To allow time for delivery of the original form, requests for a reprint copy of Form 1095 will be accepted on or after February 10. Copies of Form 1095-B or Form 1095-C will be created within 3 business days of receipt of this form by the University of Michigan Benefits Office. Print all information in **black** ink.

1. Employee or Responsible Individual Information

Name (Last, First, Middle Initial)	UMID	Social Security Number (last 4 digits only) XXX-XX- <input type="text"/>	Tax Year Requested
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2. Delivery Method

Indicate how you would like to receive your Form 1095. Print information clearly.

Select **one**:

Email Print email address: _____

U.S. Mail Print mailing address*:

* Please note that entering a mailing address on this form does not change your home address on file with the university. See the instructions below if you need to correct your address.

Street

City, State and ZIP

3. Signature

The signature of the employee or the responsible individual is required.

Signature

Date

To Correct Your Home Address Information

If your original Form 1095-B or Form 1095-C had an incorrect address, please update your home address information on record with the University of Michigan.

- **If you are currently employed at the University of Michigan**, please update your home address information online through Wolverine Access.
 1. Go to wolverineaccess.umich.edu
 2. Select the **Faculty & Staff** tab, and then click **Employee Self-Service** to log in
 3. Under **Campus Personal Information**, click **Addresses**
 4. Edit your **Current** address (this is your home mailing address), and then click **OK** to save your changes
- You may complete and submit the Address/Personal Data form available for download at hr.umich.edu/address-personal-data-form



Questions?

If you have any questions, visit hr.umich.edu/form-1095, or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.), Monday through Friday from 8 a.m. to 5 p.m.

How to Return Your Signed and Completed Form

By FAX

Fax it to 734-763-0363.
Keep a copy of the fax transmission report with your form in your records.

By Mail Only

Make a copy for your records and send the original by **Campus Mail or U.S. Mail to:**
SSC Benefits Transactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276