**NOTICE TO EMPLOYEES**  
**Availability of Form 1095-C Upon Request**

Dear Employees,

The delivery of Form 1095-C, which provides information about the health coverage offered to you by Jasper Seating Company, Inc., is no longer required to be provided by mail to employees automatically as was the case in prior years. In accordance with the revised requirements of the Affordable Care Act (ACA), Form 1095-C is now only made available upon request.

If you would like to request a copy of Form 1095-C, please complete the information below and return it to the Culture and People Department.

If you have questions about the form or need further assistance, please do not hesitate to reach out to 812-771-4603 or chochgesang@jaspergroup.us.com.

Sincerely,  
Crystal Hochgesang  
Employee Benefits and Wellness Manager

**Request for 1095-C**

**Employee Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please provide a copy of my most recent 1095-C.

**My preferred method of receipt:**

\_\_\_\_ Electronic Delivery

Preferred Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Paper Delivery

Preferred Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment**

If I opted for electronic delivery, I understand this opt-in will be valid for future requests until revoked in writing.

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

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

For Employer Use Only

Request Received On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_