



KRAUSE GROUP



Mail to: Krause Group
Attn: Grow People
1459 Grand Ave
Des Moines, IA 50309

Fax #: 515-457-0103
Email: GPS@kumandgo.com

Request for Form 1095-C Please Print

Please reissue a Form 1095-C to the following associate, for the tax year ending _____.

Associate Name: _____

Social Security Number: _____

Associate Mailing Address:

Street or Box Number: _____

City: _____ State: _____ Zip Code: _____

Form 1095-C is requested for the following reason:

_____ Never Received

_____ Misplaced or Destroyed

_____ Social Security Number or Name Incorrect (Include a copy of SSN Card with
request in order to be processed)

_____ Other (Explain) _____

I authorize that the information is accurately reported on this form. I understand it will take 7-10 mailing days to receive the reissued Form 1095-C after the payroll department receives the request form.

Associate Signature: _____ Date of Request: _____



Benefits Department use only:

Benefits Processor: _____

Date Received: _____ Date Processed: _____ Date Mailed/faxed: _____