



# 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 employee, 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: \_\_\_\_\_