

IMPORTANT HEALTH COVERAGE TAX DOCUMENTS
Notice of Availability of Tax Form 1095

In accordance with the Paperwork Burden Reduction Act, effective for forms for Tax Year 2025, Metro Government will no longer be furnishing IRS Form 1095 automatically to all active employees unless required by state law. Instead, forms will be provided upon request.

If you want to obtain your Form 1095, you may do so by logging into your benefits portal at <https://app.unifyhr.com/> and selecting the option to submit a request for a copy of your form.

You may alternatively request your form by writing to WEX ACA 1095, P.O. Box 2310, Fargo, ND 58108-2310. To request your 1095 form in writing, please complete this **1095 Form Request Template** and mail it to the PO Box provided in this notice.

If you have questions or need assistance logging into your portal or requesting your form, please call Metro Payroll at 615-862-6101 or email ACA1095Request@wexinc.com. Forms will be available within 30 days after a request is received.

Employees living in a state where state law requires forms to be furnished will continue to receive a form automatically, and forms will be sent in accordance with the applicable state's requirements.



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.