



IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

Notice of Availability of IRS Form 1095-C

As part of our annual Affordable Care Act (ACA) reporting requirements, Worthington Enterprises makes IRS Form 1095-C available to employees electronically.

In accordance with the Paperwork Burden Reduction Act, effective for Tax Year 2025, Form 1095-C will **not be furnished automatically unless required by state law**. Instead, the form will be provided upon request.

How to Access or Request Your Form

Electronic Access (Preferred):

You may request and access your Form 1095-C by logging into the Worthington Enterprises benefits enrollment [portal](#). Once logged in, select the option to submit a request for your Form 1095-C. When available, you may securely view, download, or print your form for your records.

Paper Copy:

If you prefer to receive a paper copy, you may request one at no cost. Requests may be submitted online through the benefits portal or in writing by completing the **Form 1095-C Request Template** and mailing it to:

WEX Benefits ACA 1095
P.O. Box 2339
Fargo, ND 58108-2339

Forms will be provided within **30 days** of receipt of a request.

Former Employees and State Requirements

Former employees or other individuals who do not have access to the benefits portal may continue to receive Form 1095-C even if a request is not submitted. If furnished automatically, it will be mailed by **March 2, 2026**. Employees who live in a state where Form 1095-C must be furnished under state law will continue to receive a paper form in accordance with applicable state requirements.

Questions

If you have questions or need assistance accessing the portal or requesting your form, please call the WEX service center at 877.837.5017 or email BenefitsACA1095Request@wexinc.com.



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:

MBE
P.O. Box 2339
Fargo, ND 58108-2339

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.