

IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

Mercer County Employees are entitled to receive a copy of your **Form 1095-C**, which provides information about the health coverage offered to you.

For the 2025 tax year, Mercer County will not automatically mail paper copies of Form 1095-C to employees. However, employees may request a copy of this form.

How to Request Your Form:

- **By Email:** Send a request to the Benefit Coordinator at nancyz@mercercountyoh.gov
- **By Mail:** Send a written request to:
Mercer County Commissioners
Attn: Benefit Coordinator
220 West Livingston Street, Room A201
Celina, Ohio 45822
- **By Phone:** Call 419-586-3178

We will provide your form within 30 days of receiving your request.

If you want to receive Electronically you must complete the following:

Affirmative Consent to Electronic 1095-C Distribution

I, _____, hereby consent to receive my annual **Form 1095-C** electronically through Mercer County instead of a paper copy via mail.

- I confirm that I can access PDF documents on my device.
- I understand that this consent is valid for the current year and all future years unless I withdraw it.

Employee Signature: _____ **Date:** _____