

Form 1095 Request Notice

Availability of Form 1095

In accordance with applicable federal regulations, Charleston County Government will provide employees with a copy of their Form 1095 upon request. Form 1095 contains important information regarding the health coverage offered to you and may be required for your personal records.

Under the Paper Reduction Act (PBRA), starting with 2024 tax year, employers and insurance providers are allowed to furnish Forms 1095-B and 1095-C upon request, rather than mailing them to all covered individuals.

How to Request a Copy

If you need a copy of your Form 1095, please submit your request to the Human Resources Department using one of the following methods:

- **Email:** benefits@charlestoncounty.org
- **Phone:** 843-958-4700
- **Mail:** Charleston County Government, Attn: Benefits Unit, 4045 Bridge View Drive, North Charleston, SC. 29405

Please include your full name, employee ID (if applicable), current mailing address, and email if providing electronic consent. This information is necessary to ensure timely processing.

Processing Time

Requests are typically processed within **20 business days**. Forms may be delivered electronically or by mail, depending on your preference and consent.

Questions

If you have any questions regarding Form 1095 or the request process, please contact the Human Resources Department at 843-958-4700 or by emailing benefits@charlestoncounty.org