

DOUGLAS COUNTY SCHOOL SYSTEM

IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

OUR DISTRICT OFFERS HEALTH INSURANCE TO ALL EMPLOYEES WORKING IN BENEFITS ELIGIBLE POSITIONS WHO WORK AT LEAST 20 HOURS PER WEEK AND WHOM ARE ELIGIBLE FOR THE TEACHERS RETIREMENT SYSTEM OF GEORGIA OR THE PUBLIC SCHOOL EMPLOYEES RETIREMENT SYSTEM PER STATE ELIGIBILITY RULES.

THESE INDIVIDUALS WILL RECEIVE A FORM 1095C FROM THE DISTRICT IN MID TO LATE FEBRUARY INDICATING THEY WERE OFFERED COVERAGE AND WHETHER THEY WERE ENROLLED IN THE HEALTH PLAN IN THE PRIOR CALENDAR YEAR. IF YOU DO NOT RECEIVE A FORM, AND FEEL YOU NEED ONE, YOU MAY REQUEST ONE FROM OUR OFFICE VIA ONE OF THE FOLLOWING CONTACT METHODS:

MAIL YOUR REQUEST TO:
DOUGLAS COUNTY SCHOOL SYSTEM
P.O. BOX 1077
DOUGLASVILLE, GA 30133

EMAIL YOUR REQUEST TO:
STEPHANIE.GROOVER@DCSSGA.ORG

OR CALL:
STEPHANIE GROOVER, BENEFITS SUPERVISOR, 770-651-2264

PLEASE PROVIDE THE FOLLOWING INFORMATION TO OBTAIN A 1095C:

- FIRST NAME AND LAST NAME (AS APPEARS ON SOCIAL SECURITY CARD)
- SSN OR TAX ID NUMBER
- EMAIL ADDRESS
- MAILING ADDRESS
- CITY
- STATE
- ZIP
- TAX FILING YEAR FROM WHICH YOU ARE REQUESTING A 1095C FORM

NOTE THAT THESE FORMS ARE NOT REQUIRED TO COMPLETE YOUR TAX FILINGS AND NO INDIVIDUAL PENALTIES APPLY TO THOSE WHO DECLINE TO HAVE COVERAGE. IF YOU ARE OFFERED COVERAGE, YOU ARE NOT ELIGIBLE TO COLLECT A FEDERAL SUBSIDY FOR HEALTH COVERAGE UNDER THE ACA VIA [HEALTHCARE.GOV](https://www.healthcare.gov) OR OTHER HEALTHCARE MARKETPLACE.