
Request for Duplicate IRS Form 1095

Date of Request: _____

Associate Name: _____

Associate ID (J or P#): _____

Associate last 4 digits of SSN: _____

Associate Status (FA, GP, BOA, HQ): _____

Current Address:

Street: _____

City: _____ State: _____

Zip: _____

The Form 1095 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Other (Explain) _____

Method of Delivery:

- Mail to above address
- Email to Edward Jones Email address (for security and privacy)

Associate Signature: _____
(Required)

Send completed form to HR Benefits by fax 877-904-7889 OR email ENROLL@edwardjones.com

Request will be completed within 5 business days