

IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

FORM 1095-C AVAILABLE UPON REQUEST

HB Performance Systems, Inc., is an **Applicable Large Employer (ALE)** and provides this notice regarding **tax documents related to health coverage** under the **Patient Protection & Affordable Care Act (ACA)** and the **Paperwork Burden Reduction Act (PBRA)**. In accordance with **IRS 2025-15** for the **2025 tax year**, employees and covered individuals may request a copy of their **Form 1095-C – Employer-Provided Health Insurance Offer and Coverage**.

Form 1095-C provides information about:

- Health coverage offered to you by your employer
- Months you or your dependents were enrolled in the company health plan (if applicable)
- Information you may wish to keep with your personal tax records

Important: You do not need Form 1095-C to file your federal income tax return, but it may be helpful to keep it with your personal tax documents.

ACCESS YOUR FORM ELECTRONICALLY

Current employees may download an electronic copy of their **Form 1095-C** through Paycor.

Electronic Access Steps:

1. Log in to your **Paycor** employee account
2. Click on **W-2** in the white banner
3. From the Pay Stubs & Tax Docs page, select **Form 1095-C** for the applicable tax year
4. Download or print the form for your records

REQUEST A PAPER COPY

If you would like a copy of your Form 1095-C, please contact us using one of the methods below:

Email:	kristin.ostrowski@hbpsi.com
Mail:	HB Performance Systems, Inc. Attn: Human Resources / Benefits 5800 W Donges Bay Road Mequon, WI 53092
Phone:	262-242-4300, option 3 for Human Resources

When submitting a request, please include:

- Your full legal name
- Current mailing address
- Reporting year requested (example: 2025)
- Last four digits of your Social Security Number (for identification purposes only)

A copy of your requested form will be **provided within 30 days** of receiving your request.

WHO MAY REQUEST A FORM

- Current or former **full-time employees**
- Individuals enrolled in the company's **self-insured health plan**, including covered dependents

This notice is provided in accordance with **IRS Notice 2025-15** for ALE regarding the availability of health coverage tax forms. This notice will remain posted through **October 15, 2026**, for the **2025 reporting year**.