



Request for Form 1095-B

HealthChoice members will not automatically receive a Form 1095-B. As of January 2022, it is no longer required for tax filing.

If you would like a copy of your Form 1095-B, you may request one by completing the information below and returning it to HealthChoice using one of these methods:

- Email: EGIDMail@ohca.ok.gov.
- Fax: 405-717-8939.
- Mail: HealthChoice, P.O. Box 11137, Oklahoma City, OK 73136-9998.

You may also request a copy by calling EGID Member Services at 405-717-8780 or toll-free at 800-752-9475. TTY users call 711.

Your Form 1095-B will be mailed to your address on file within 30 days of the date we receive your request.

Name:	
Date of birth:	
Member ID number:	

**ADDRESS**

4345 N. Lincoln Blvd., Ste. 100
Oklahoma City, OK 73105

**WEBSITES**

oklahoma.gov/egid

**PHONE**

Office: 405-717-8780