



Request for Form 1095-B

Starting January 2022, HealthChoice members will not automatically receive a Form 1095-B since it is no longer required for tax filing. It will only be mailed if you request a copy.

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

- Email: EGIDMail@omes.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:	