



## IMPORTANT HEALTH COVERAGE DOCUMENTS

As an employee that was eligible for minimum essential health coverage provided by NEWCare, Inc., you are entitled to a Form 1095-C for the 2025 tax year, which serves as proof of the coverage we offered you. This statement was previously mailed to individuals; however, due to new regulations designed to reduce paperwork and administrative burden, we are no longer required to send paper copies via mail.

You are not required to file this statement with your personal taxes. However, if you would like to request a free copy of your Form 1095-C for your records, you may do so by emailing [cbaloun@newcarecrivitz.com](mailto:cbaloun@newcarecrivitz.com), calling 715-854-2717 or sending a request to NEWCare, Inc., Attention Human Resources at P.O. Box 460, Crivitz, WI 54114. A paper copy will be mailed to the address on file within 30 days of receiving the request. If you prefer to receive an electronic copy of your Form 1095-C, please include your preferred email with the request.

**NEWCare Convalescent Center**  
PO Box 460  
Crivitz, WI 54114  
715-854-2717  
Fax 715-854-2554

**NEWCare Residence**  
PO Box 158  
Crivitz, WI 54114  
715-854-7474  
Fax 715-854-7674

**NEWCare Therapy Services**  
PO Box 460  
Crivitz, WI 54114  
715-854-2717  
Fax 715-854-2554

**NEWCare Transport Services**  
PO Box 460  
Crivitz, WI 54114  
715-854-2717  
Fax 715-854-2554