



REQUEST FOR 1095 – C FORM Document

Preparing people to lead extraordinary lives

Employee Full Name _____ Last 4 digits of SSN _____

Street _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Re-issue my 1095-C Form document for the tax year(s) ending:

2015 2016

Delivery option:

Reason for request:

If other, please explain below:

Signature

Date of Request

Submit completed form to: benefits@luc.edu

or Deliver/Mail to:

Loyola University Chicago
ATTN: Human Resources
Suite 820
820 N. Michigan Ave
Chicago, IL 60611

Note: Please allow 5-7 working days after receipt for your request to be processed. 1095-C Form documents not picked up within 1 month will be destroyed.

FOR HUMAN RESOURCES DEPT USE ONLY

Employee ID # _____

Date 1095-C Forms Re-issued: _____ Processed By: _____