

# REQUEST FORM: Form 1095-C

## IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

Employees may request a copy of their Form 1095-C using this form. Your request will be processed within 30 days, in accordance with IRS guidance.

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### Employee Information

Full Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

### Delivery Preference

Please send my Form 1095-C to:

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Tax Year Requested (Example: 2024, 2025, etc)

Tax Year: \_\_\_\_\_

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**I am requesting a copy of my Form 1095-C as indicated above.**

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

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**Submit this completed request form to our office:**

- Email Benefits & Wellness at [people-culture@loyola.edu](mailto:people-culture@loyola.edu)
- Fax 410-617-5072
- Mail to Loyola University Maryland, Office of People & Culture, 4501 N Charles Street, Baltimore, MD 21210

This form is intended solely for requesting a copy of Form 1095-C. It does not provide tax, legal, or accounting advice, nor should it be used as a substitute for professional guidance. Employees should consult a qualified tax advisor regarding any questions about their individual tax filings or Affordable Care Act requirements. Personal information provided on this form will be used only to verify your identity and to furnish the requested Form 1095-C. Your Form 1095-C will be provided within the timeframe required by IRS regulations.