



1095-C RE-ISSUE REQUEST

Instructions: Please print and complete applicable sections. The completed form can be faxed (773-553-2455) or emailed to employeeservices@cps.edu with subject line **Duplicate 1095-C Request**.

EMPLOYEE DATA:

	2015		
Employee ID	Tax Year		Phone
Last Name	First Name	Email (optional)	

COMPLETE THIS SECTION ONLY TO REPORT A CHANGE OF ADDRESS:

Former Address:

Street Address/Appt #: _____

City: _____ State _____ Zip: _____

New Address:

Street Address/Appt #: _____

City: _____ State _____ Zip: _____

I certify that the information provided herein is true and correct.

I further state that this form is my official request to request a duplicate 1095-C form for the tax year indicated above.

Signature _____ **Date** _____

Benefits Use Only:
 Date Received: _____ Logged by: _____

FORMER EMPLOYEE 1095-C RE-ISSUE REQUEST



How to Complete 1095-C RE-ISSUE REQUEST

Please print and complete applicable sections. The completed form can be faxed (773-553-2455) or emailed to employeeservices@cps.edu with subject line **Duplicate 1095-C Request**.

Employee ID #: Nine digit employee identification number assigned by PeopleSoft. Leading zeros required. This can be located on a paycheck stub.

Tax year of requested 1095-C (fill out one form per year)

Telephone number in case you need to be contacted regarding this request

Employee Last name

Employee First name

E-mail (optional) in case we need to contact you regarding this request

Complete this section *ONLY* if you have an address change

Enter Former address

Enter New address

Note - To protect your sensitive information we do not fax or e-mail copies of 1095-C.

Sign and date

Benefits Use Only:
Date Received: _____ Logged by: _____