



FORM 1095-C REQUEST FORM

Name (Print): _____ Employee ID: _____

2025 Tax Year Requested:

Contact Information (where we can reach you during the day):

Telephone Number: ____ - ____ - ____

Email Address: _____

I request that Form 1095-C be delivered to my physical address or email address as designated below. If I designated my email address, I consent to receive an electronic copy of the Form 1095-C.

Physical Address: _____

Street Address

City State Zip Code

Email Address (as listed above)

I hereby request the South Limestone Hospital District to provide a copy of my Form 1095-C for the 2025 tax

I understand that the request for Form 1095-C may take up to ten business days to process plus USPS delivery time.

Authorized Signature: _____ Date: _____

Please send the completed request form to HR Director, Teresa Sample; hrgroup@lmchospital.com