

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

600120
 OMB No. 1545-2251

2020

Part I Employee		
1 Name of employee (first name, middle initial, last name) PANKAJ S SONGIRE		2 Social security number (SSN) 085-47-2137
3 Street address (including apartment no.) 1717 S Dorsey LN UNIT 1043		
4 City or town TEMPE	5 State or province AZ	6 Country and ZIP or foreign postal code 85281

Part II Employee Offer and Coverage						
	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code) 15 Employee Required Contribution (see instructions)	1A					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 17 ZIP Code	2C					

Part III Covered Individuals If Employer Provided self-insured coverage check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

Applicable Large Employer Member (Employer)											
7 Name of employer Q POINT HEALTH LLC						8 Employer Identification Number (EIN) 81-1332196					
9 Street address (including room or suite no.) 521 S. 3rd St						10 Contact Telephone Number (480) 798-0729					
11 City or town PHOENIX			12 State or province AZ			13 Country and ZIP or foreign postal code 85004					
Employee's Age on January 1						Plan Start Month: 01					
June	July	Aug	Sept	Oct	Nov	Dec					

37005 157 **1095-C**
 PANKAJ SONGIRE
 1717 S Dorsey LN UNIT 1043
 TEMPE, AZ 85281

Q POINT HEALTH LLC
 521 S. 3rd St
 PHOENIX, AZ 85004