

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

Part I Employee		2 Social security number (SSN) ***-**-9892	Applicable Large Employer Member (Employer)	8 Employer identification number (EIN) 94-3326476
1 Name of employee (first name, middle initial, last name) SIVAKUMAR SAI RELA MUNI		7 Name of employer EXLSERVICECOM INC		
3 Street address (including apartment no.) 277 PRESTWICK WAY		9 Street address (including room or suite no.) 10 EXCHANGE PLACE SUITE 2200		10 Contact telephone number 201-748-4720
4 City or town EDISON	5 State or province NJ	6 Country and ZIP or foreign postal code 08820	11 City or town JERSEY CITY	12 State or province NJ
				13 Country and ZIP or foreign postal code 07302

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions)	\$	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50	\$ 150.50
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2020)

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 SIVAKUMAR SAI RELA MUNI	***-**-9892			X	X	X	X	X	X	X	X	X	X	X	X	X
19 PRIYANKA NEELAM	***-**-9497			X	X	X	X	X	X	X	X	X	X	X	X	X
20 GAHAN RELA MUNI	***-**-7965			X	X	X	X	X	X	X	X	X	X	X	X	X
21 OM SAI KARTHIK RELA MUNI	***-**-3300			X	X	X	X	X	X	X	X	X	X	X	X	X
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