

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-2251
2020

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name)
VENKATA KOLIPARTHII

2 Social security number (SSN)
XXX-XX-3952

7 Name of employer
UNITED SERVICES AUTOMOBILE ASSOCIATION

8 Employer identification number (EIN)
74-0959140

3 Street address (including apartment no.)
8045 LOOMIS DR

9 Street address (including room or suite no.)
9800 FREDERICKSBURG ROAD

10 Contact telephone number
800-210-8722

4 City or town
NEW ALBANY

11 City or town
SAN ANTONIO

12 State or province
TX

13 Country and ZIP or foreign postal code
78288

Part II Employee Offer of Coverage

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

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

Cat. No. 60705M

Form **1095-C** (2020)