600120

Form **1095-C**
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

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
Seethala Manoharan	XXX-XX-1140
3 Street address (including apartment no.)	
3 Dayton Dr Apt 23C	
4 City or town	**5** State or province	**6** Country and ZIP or foreign postal code
Edison	NJ	US 08820-3428

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
Cognizant Technology Solutions US Corp	13-3924155
9 Street address (including room or suite no.)	**10** Contact telephone number
211 Quality Circle	973-368-9700 x428434
11 City or town	**12** State or province	**13** Country and ZIP or foreign postal code
College Station	TX	US 77845

Part II Employee Offer of Coverage

Employee's Age on January 1 31

Plan Start Month (Enter 2-digit number): 01

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

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. ☒

	(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	Seethala Manoharan	XXX-XX-1140		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	Niranjan Parthiban		2011-09-18	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐