

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

18	(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	MANICHANDER RAJU DEVARAJUVENKATA	***-**-2642			X	X	X	X	X	X	X	X	X	X	X	X	X
19	SAIPRIYA NANNAPURAJU	***-**-2876			X	X	X	X	X	X	X	X	X	X	X	X	X
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Form 1095-C Employer-Provided Health Insurance Offer and Coverage
 Department of the Treasury Internal Revenue Service
 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 600320
2020
 Employer identification number (EIN): 13-4994650

Part I Employee

1 Name of employee (first name, middle initial, last name): MANICHANDER RAJU DEVARAJUVENKATA
 2 Social security number (SSN): ***-**-2642
 3 Street address (including apartment no.): 21 CAPANO DR APT C5
 4 City or town: NEWARK
 5 State or province: DE
 6 Country and ZIP or foreign postal code: 19702
 7 Name of employer: JPMorgan Chase Bank, NA
 8 Employer identification number (EIN): 13-4994650
 9 Street address (including room or suite no.): 1111 Polaris Parkway
 10 Contact telephone number: 877-576-2427
 11 City or town: Columbus
 12 State or province: OH
 13 Country and ZIP or foreign postal code: 43240

Part II Employee Offer of Coverage

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
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 132.66	\$ 132.66	\$ 132.66	\$ 132.66	\$ 132.66	\$ 132.66	\$ 132.66	\$ 132.66	\$ 132.66	\$ 132.66	\$ 132.66	\$ 132.66
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													