

Employer Provided Health Insurance Offer and Coverage

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

CAA
Department of Treasury - IRS

APPLICABLE LARGE EMPLOYER'S name, address, and telephone no.

MASTEC SERVICES COMPANY INC
800 S DOUGALS ROAD
12 FLOOR
CORAL GABLES FL 33134

(877) 857-0211

Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month
(enter 2-digit no.):

01

14 Offer of Coverage

15 Employee Required Contribution
(see instructions)

16 Section 4980H Safe Harbor and Other Relief

17 ZIP Code

All 12 Months
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec

1A

2C

EMPLOYEE'S name and address

PRAMOD DARA
935 PENN CIRCLE
APT B504
KING OF PRUSSIA PA 19406

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

APPLICABLE LARGE EMPLOYER'S EIN

65-0791004

EMPLOYEE'S SSN

XXX-XX-7201

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 mos.	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

18 Pramod Dara	XXX-XX-7201			X	X	X	X	X	X	X	X	X	X	X	X	X
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