

CAPGEMINI AMERICA INC  
333 WEST WACKER D ST 300  
CHICAGO, IL 60606



\*AA5PNA95CPG0000011693A422A704\*

029945 RO9MJ901 AA5 8888 43A13 000001707  
KASIVISWANADH CHAVA  
7 BEVERLY COMMONS DRIVE  
APT 28  
BEVERLY, MA 01915

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600320

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

OMB No. 1545-2261

CORRECTED

**2020**

**Part I Employee**

**Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) <b>KASIVISWANADH CHAVA</b>		2 Social security number (SSN) <b>XXX-XX-4029</b>		7 Name of employer <b>CAPGEMINI AMERICA INC</b>		8 Employer identification number (EIN) <b>22-2575929</b>	
3 Street address (including apartment no.) <b>7 BEVERLY COMMONS DRIVE</b>		6 Country and ZIP or foreign postal code <b>USA 01915</b>		9 Street address (including room or suite no.) <b>333 WEST WACKER D ST 300</b>		10 Contact telephone number <b>877-736-7534</b>	
4 City or town <b>BEVERLY</b>	5 State or province <b>MA</b>	11 City or town <b>CHICAGO</b>		12 State or province <b>IL</b>	13 Country and ZIP or foreign postal code <b>USA 60606</b>		

**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) <b>1E</b>													
15 Employee Required Contribution (see instructions) <b>\$ 40.005</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2C</b>													

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 <b>KASIVISWANADH CHAVA</b>	<b>XXX-XX-4029</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 <b>ARUNA CHAVA</b>		<b>01/10/1990</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 <b>DHANVITHA LOUKYA CHAV</b>		<b>06/13/2012</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 <b>LOHITH CHAVA</b>		<b>09/30/2015</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>