

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.

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Part I Employee		2 Social security number (SSN) ***-**-6418		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 01-0233346	
1 Name of employee (first name, middle initial, last name) VENKATA SHYAM K GUNDALA				7 Name of employer JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)			
3 Street address (including apartment no.) 20 BOXWOOD DRIVE				9 Street address (including room or suite no.) 200 BERKELEY STREET		10 Contact telephone number 866-927-4968	
4 City or town LITTLETON		5 State or province MA	6 Country and ZIP or foreign postal code 01460	11 City or town BOSTON	12 State or province MA	13 Country and ZIP or foreign postal code 02116-5023	

14 Offer of Coverage (enter required code)	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		
15 Employee Required Contribution (see instructions)	\$	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66	\$ 72.66
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2020)

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	VENKATA SHYAM K GUNDALA	***-**-6418			X	X	X	X	X	X	X	X	X	X	X	X	X
19	VENKATA SAI SAMARTH GUNDALA		2015-11-12		X	X	X	X	X	X	X	X	X	X	X	X	X
20	VENKATA SANTOSHI NAG KALURI		1990-07-15		X	X	X	X	X	X	X	X	X	X	X	X	X
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