

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			Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Mukta Hanumanthu		2 Social security number (SSN) ***-**-6118	7 Name of employer Texas A&M University - Corpus Christi		8 Employer identification number (EIN) 741760663	
3 Street address (including apartment no.) 1515 Ennis Joslin Road, Apt. 274			9 Street address (including room or suite no.) 6300 Ocean Dr, Unit 5730		10 Contact telephone number 361-825-2625	
4 City or town Corpus Christi	5 State or province TX	6 Country and ZIP or foreign postal code US 78412	11 City or town Corpus Christi	12 State or province TX	13 Country and ZIP or foreign postal code US 78412-5739	

Part II Employee Offer of Coverage	Employee's Age on January 1 28												Plan Start Month (enter 2-digit number): 09		
	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															

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

Cat. No. 60705M

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