

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



AA5PNA95CPG0000002741A422A704

037369 RO9MJ901 AA5 8888 43A13 000009131
SABARISH SATISH KRISHNAPILLAI
7220 MARGATE CT
CUMMING, GA 30040

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

600120

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
1 Name of employee (first name, middle initial, last name) SABARISH SATISH KRISHNAPILLAI
2 Social security number (SSN) XXX-XX-8100
7 Name of employer CAPGEMINI AMERICA INC
8 Employer identification number (EIN) 22-2575929
3 Street address (including apartment no.) 7220 MARGATE CT
9 Street address (including room or suite no.) 333 WEST WACKER D ST 300
10 Contact telephone number 877-736-7534
4 City or town CUMMING
5 State or province GA
6 Country and ZIP or foreign postal code USA 30040
11 City or town CHICAGO
12 State or province IL
13 Country and ZIP or foreign postal code USA 60606

Part II Employee Offer of Coverage
Employee's Age on January 1
Plan Start Month (enter 2-digit number): 01
Table with columns for months (All 12 Months, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec) and rows for Offer of Coverage (1E), Required Contribution (\$40.00), and Section 4980H Safe Harbor and Other Relief (2C).

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. [X]

Table with columns for individual information (Name, SSN, DOB, Covered all 12 months) and a grid for Months of Coverage (Jan-Dec). Rows include SABARISH SATISH KRISH, SHREYA SABARISH, SIDDHARTH SABARISH, SUPRIYA SUBBIAH, and empty rows 22 and 23.