

# 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.

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**2020**

<b>Part I Employee</b>		2 Social security number (SSN) ***-**-2248		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-3133497	
1 Name of employee (first name, middle initial, last name) ASHOK GUPTA				7 Name of employer AMERICAN EXPRESS TRS			
3 Street address (including apartment no.) 4522 ALAMEDA DR				9 Street address (including room or suite no.) 2401 W BEHREND DRIVE SUITE 55			
4 City or town FREMONT		5 State or province CA		6 Country and ZIP or foreign postal code 94536		10 Contact telephone number 855-783-4772	
				11 City or town PHOENIX		12 State or province AZ	
						13 Country and ZIP or foreign postal code 85027	

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	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
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. <input checked="" type="checkbox"/>																	
18-30	(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	ASHOK GUPTA	***-**-2248			X	X	X	X	X	X	X	X	X	X	X	X	X
19	ARCHANA GUPTA	***-**-3576			X	X	X	X	X	X	X	X	X	X	X	X	X
20	ARYANSHI GUPTA	***-**-0978			X	X	X	X	X	X	X	X	X	X	X	X	X
21	ATHARV GUPTA	***-**-0950			X	X	X	X	X	X	X	X	X	X	X	X	X
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