

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

600120
 OMB No. 1545-2251

2020

Part I Employee

| | | |
|--|---------------------------|---|
| 1 Name of employee (first name, middle initial, last name) Naveen K Singh | | 2 Social security number (SSN) 107-75-0520 |
| 3 Street address (including apartment no.) 3440 Andrews Dr, Apt 302 | | |
| 4 City or town Pleasanton | 5 State or province CA | 6 Country and ZIP or foreign postal code 94588 |

Part II Employee Offer and Coverage

| | All 12 Months | Jan | Feb | Mar | Apr | May |
|---|---------------|----------|-----|-----|-----|-----|
| 14 Offer of Coverage (enter required code) | | 1E | 1H | 1H | 1H | 1H |
| 15 Employee Required Contribution (see instructions) | | \$271.68 | | | | |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | 2C | 2B | 2A | 2A | 2A |
| 17 ZIP Code | | | | | | |

Part III Covered Individuals

If Employer Provided self-insured coverage check the box and enter the information for each covered individual

| | (a) Name of covered individual(s) First name, middle initial, last name | (b) SSN | (c) DOB (if SSN is not available) | (d) Covered all 12 months |
|----|--|---------|-----------------------------------|---------------------------|
| 18 | | | | <input type="checkbox"/> |
| 19 | | | | <input type="checkbox"/> |
| 20 | | | | <input type="checkbox"/> |
| 21 | | | | <input type="checkbox"/> |
| 22 | | | | <input type="checkbox"/> |
| 23 | | | | <input type="checkbox"/> |

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

Applicable Large Employer Member (Employer)

| | | |
|---|----------------------------|--|
| 7 Name of employer COMMUNICATION TECHNOLOGY SERVI | | 8 Employer Identification Number (EIN) 04-3520735 |
| 9 Street address (including room or suite no.) 33 LOCKE DRIVE 2ND FL | | 10 Contact Telephone Number |
| 11 City or town MARLBOROUGH | 12 State or province MA | 13 Country and ZIP or foreign postal code 01752 |

Employee's Age on January 1: _____ Plan Start Month: **04**

| June | July | Aug | Sept | Oct | Nov | Dec |
|------|------|-----|------|-----|-----|-----|
| 1H | 1H | 1H | 1H | 1H | 1H | 1H |
| 2A | 2A | 2A | 2A | 2A | 2A | 2A |

(e) Months of Coverage

| Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
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Form **1095-C** (2020)

COMMUNICATION TECHNOLOGY SERVI
 33 LOCKE DRIVE 2ND FL
 MARLBOROUGH, MA 01752

43333 100392 **1095-C**
 Naveen Singh
 3440 Andrews Dr, Apt 302
 Pleasanton, CA 94588