

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)		1H	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)			\$271.68	\$271.68	\$309.06	\$309.06
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2C	2C	2C	2H
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 SERVICES		8 Employer Identification Number (EIN) 84-3785371
9 Street address (including room or suite no.) 33 LOCKE DRIVE 2ND FL		10 Contact Telephone Number (000) 000-0000
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
1E	1E	1E	1E	1E	1E	1E
\$309.06	\$309.06	\$309.06	\$309.06	\$309.06	\$309.06	\$309.06
2C	2C	2C	2C	2C	2C	2C

(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"/>
<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"/>
<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"/>
<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"/>
<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"/>

Form **1095-C** (2020)

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

108325 100392 **1095-C**
Naveen Singh
3440 Andrews Dr, Apt 302
Pleasanton, CA 94588