

# 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.

VOID  
 CORRECTED

OMB No. 1545-2251 600120  
**2020**

|  |  |   |   |   |  |  |  |
|--|--|---|---|---|--|--|--|
| <b>Part I Employee</b>   |  | 2 Social security number (SSN)<br>***-**-1687 |   | Applicable Large Employer Member (Employer)                                     |  | 8 Employer identification number (EIN)<br>51-0524195 |  |
| 1 Name of employee (first name, middle initial, last name)<br>SHIVAMKUMAR R SHAH |  |   |   | 7 Name of employer<br>JANSSEN RESEARCH & DEVELOPMENT, LLC                       |  |  |  |
| 3 Street address (including apartment no.)<br>508 MURRAY STREET                  |  |   |   | 9 Street address (including room or suite no.)<br>920 US ROUTE 202 P.O. BOX 300 |  | 10 Contact telephone number<br>800-565-0122          |  |
| 4 City or town<br>AVENEL   |  | 5 State or province<br>NJ                     | 6 Country and ZIP or foreign postal code<br>07001 | 11 City or town<br>RARITAN  |  | 12 State or province<br>NJ                           | 13 Country and ZIP or foreign postal code<br>08869 |

| Part II Employee Offer of Coverage                                       |  | 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 | Dec   |  |  |
| 4 Offer of Coverage (enter required code)                                |  |                             | 1A  | 1A  | 1A  | 1A  | 1A  | 1A   | 1H   | 1H  | 1H   | 1H  | 1H  | 1H  |  |  |
| 5 Employee Required Contribution (see instructions)                      |  | \$                          | \$  | \$  | \$  | \$  | \$  | \$   | \$   | \$  | \$   | \$  | \$  | \$  |  |  |
| 6 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |  |                             | 2C  | 2C  | 2C  | 2C  | 2C  | 2C   | 2B   | 2A  | 2A   | 2A  | 2A  | 2A  |  |  |
| 7 ZIP Code   |  |                             |     |     |     |     |     |      |      |     |      |     |     |   |  |  |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2020)

| 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"/> |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
|--|----------------------|--|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--|
| (a) Name of covered individual(s)<br>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 SHIVAMKUMAR R SHAH  | ***-**-1687          |  |                           | X                      | X   | X   | X   | X   | X    | X    | X   |      |     |     |     |  |
| 19   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 20   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 21   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 22   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 23   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 24   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 25   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 26   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 27   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 28   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 29   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 30   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |

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OMB No. 1545-0047 600120  
**2020**

|   |                           |  |   |   |   |
|---|---------------------------|--|---|---|---|
| <b>Part I Employee</b>  |                           | 2 Social security number (SSN)<br>XXX-XX-1687                      | Applicable Large Employer Member (Employer) |   | 8 Employer identification number (EIN)<br>13-6121983  |
| 1 Name of employee (first name, middle initial, last name)<br>SHIVAM SHAH |                           | 7 Name of employer<br>ER SQUIBB & SONS LLC                         |   |   |   |
| 3 Street address (including apartment no.)<br>508 MURRAY ST               |                           | 9 Street address (including room or suite no.)<br>4931 GEORGE ROAD |   | 10 Contact telephone number<br>1-844-557-3344 |   |
| 4 City or town<br>AVENEL  | 5 State or province<br>NJ | 6 Country and ZIP or foreign postal code<br>US 07001               | 11 City or town<br>TAMPA                    | 12 State or province<br>FL                    | 13 Country and ZIP or foreign postal code<br>US 33634 |

|   | 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 | Dec   |  |  |
| 14 Offer of Coverage (enter required code)                                |                             | 1H  | 1H  | 1H  | 1H  | 1H  | 1H   | 1A   | 1A  | 1A   | 1A  | 1A  | 1A  |  |  |
| 15 Employee Required Contribution (see instructions)                      | \$                          | \$  | \$  | \$  | \$  | \$  | \$   | \$   | \$  | \$   | \$  | \$  | \$  |  |  |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |                             | 2A  | 2A  | 2A  | 2A  | 2A  | 2A   | 2C   | 2C  | 2C   | 2C  | 2C  | 2C  |  |  |
| 17 ZIP Code   |                             |     |     |     |     |     |      |      |     |      |     |     |   |  |  |

| <b>Part III Covered Individuals</b><br>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"/> |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
|--|--|----------------------|--|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|---|
|  | (a) Name of covered individual(s)<br>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   | SHIVAM SHAH  | XXX-XX-1687          |  |                           |                        |     |     |     |     |      |      | X   | X    | X   | X   | X   | X |
| 19   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 20   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 21   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 22   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 23   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 24   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 25   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 26   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 27   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 28   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 29   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |
| 30   |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |