

Employer-Provided Health Insurance Offer and Coverage
 Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

Part I Employee

1 Name of employee (first name, middle initial, last name) Shivkumar 2 Social security number (SSN) 512-31-6862
 3 Street address (including apartment no.) 41987 Burshtover Terr
 4 City or town Aldie 5 State or province VA 6 Country and ZIP or foreign postal code 20105

Part II Employee Offer of Coverage

14 Offer of coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May
15 Employee Required Contribution (see instructions)		1H	1H	1H	1H	1H
16 Section 4980A State Harbor and Other Relief (enter code, if applicable)		2A	2A	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 Shivkumar Jungale	512-31-6862	10/01/1988	<input type="checkbox"/>
19 Saahvi Aairni	506-73-4926	08/15/1990	<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 Eliudam Company LP 8 Employer Identification Number (EIN) 45-3767548
 9 Street address (including room or suite no.) 4 Country View Rd 10 Contact Telephone Number 800-223-7036
 11 City or town Malvern PA 12 State or province PA 13 Country and ZIP or foreign postal code 19355

Employee's Age on January 1 Plan Start Month: 01

Age	June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1E	1E	1E	1E	1E	1E
\$24.00	\$24.00	\$24.00	\$24.00	\$24.00	\$24.00	\$24.00	\$24.00
2C	2C	2C	2C	2C	2C	2C	2C

(e) Months of Coverage

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 Shivkumar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 Saahvi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	<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"/>
21	<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"/>
22	<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"/>
23	<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)