

# 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

**2020**

Employer identification number (EIN)  
95-2743174

**Part I Employee**

2 Social security number (SSN) <b>XXX-XX-2699</b>		Applicable Large Employer Member (Employer)		
1 Name of employee (first name, middle initial, last name) <b>MADHUSUDANA RAO</b>		7 Name of employer <b>CBRE INC</b>		
3 Street address (including apartment no.) <b>5225 LAS COLINAS BLVD APT 4303</b>		9 Street address (including room or suite no.) <b>2100 ROSS AVE SUITE 1600</b>		10 Contact telephone number <b>866-225-3099</b>
4 City or town <b>IRVING</b>	5 State or province <b>TX</b>	6 Country and ZIP or foreign postal code <b>US 75039</b>	11 City or town <b>DALLAS</b>	12 State or province <b>TX</b>
		13 Country and ZIP or foreign postal code <b>US 75201</b>		

**Part II Employee Offer of Coverage**

Employee's Age on January 1

Plan Start Month (enter 2-digit number): **01**

	All 12 Months	Employee's Age on January 1																					
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec										
14 Offer of Coverage (enter required code) <b>1E</b>																							
15 Employee Required Contribution (see instructions)	\$ 59.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2C</b>																							
17 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.

	(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	MADHUSUDANA RAO	PALEPU	XXX-XX-2699	X																			
19	AYANSH	PALEPU	XXX-XX-2182																		X	X	X
20	GOUTAMI	GHANTA	XXX-XX-7475	X																			
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