

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

Part I Employee

1 Name of employee (first name, middle initial, last name) Sujai Venkat	2 Social security number (SSN) ***-**-3303	7 Name of employer Controlled Environment Systems LLC	8 Employer identification number (EIN) 84-4017671
3 Street address (including apartment no.) 65 Westwind Road	6 Country and ZIP or foreign postal code MA 02125	9 Street address (including room or suite no.) 137 High Street	10 Contact telephone number (508) 339-4237
4 City or town Boston	5 State or province MA	11 City or town Mansfield	12 State or province MA
Part II Employee Offer of Coverage		Applicable Large Employer Member (Employer)	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												13 Country and ZIP or foreign postal code			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code																

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