

# Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

VOID  
 CORRECTED

600120  
OMB No. 1545-2251

**2020**

<b>Part I Employee</b>		
1 Name of employee (first name, middle initial, last name) Abhilash Veeraiahgari		2 Social security number (SSN) 715-87-3141
3 Street address (including apartment no.) 16636 N 58th St APT 2101		
4 City or town scottsdale	5 State or province AZ	6 Country and ZIP or foreign postal code 85254

<b>Part II Employee Offer and Coverage</b>						
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May
15 Employee Required Contribution (see instructions)	\$137.67					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2F	2C	2C	2C
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"/>

<b>Applicable Large Employer Member (Employer)</b>											
7 Name of employer INTRAEDGE INC						8 Employer Identification Number (EIN) 81-0574547					
9 Street address (including room or suite no.) 5660 W Chandler Blvd, Ste 1						10 Contact Telephone Number (480) 240-5238					
11 City or town Chandler			12 State or province AZ			13 Country and ZIP or foreign postal code 85226					
<b>Employee's Age on January 1</b>					<b>Plan Start Month: 01</b>						
June	July	Aug	Sept	Oct	Nov	Dec					
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"/>

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

Form **1095-C** (2020)

INTRAEDGE INC  
5660 W Chandler Blvd, Ste 1  
Chandler, AZ 85226

85198 76295 \*\*1095-C\*\*  
Abhilash Veeraiahgari  
16636 N 58th St APT 2101  
scottsdale, AZ 85254