

# 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.

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 CORRECTED

OMB No. 1545-2251  
**2020**

**Part I** Employee 2 Social security number (SSN) **\*\*\*-\*\*-8581** Applicable Large Employer Member (Employer) 8 Employer identification number **98-0154401**

1 Name of employee (first name, middle initial, last name) **PRASHANTH VENKATAIAHGARI**  
 3 Street address (including apartment no.) **6551 COASTAL PT APT 526**  
 4 City or town **FORT WORTH** 5 State or province **TX** 6 Country and ZIP or foreign postal code **76131**  
 7 Name of employer **WIPRO LIMITED**  
 9 Street address (including room or suite no.) **2 TOWER CENTER BLVD STE 2200** 10 Contact telephone number **833-253-7717**  
 11 City or town **EAST BRUNSWICK** 12 State or province **NJ** 13 Country and ZIP or foreign postal code **08816**

**Part II** Employee Offer of Coverage Employee's Age on January 1 Plan Start Month (enter 2-digit number) **01**

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	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 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 PRASHANTH VENKATAIAHGARI	***-**-8581			X	X	X	X	X	X	X	X	X	X	X	X	X
19 AARAV VENKATAIAHGARI	***-**-0941			X	X	X	X	X	X	X	X	X	X	X	X	X
20 SHRUTHI VENKATAIAHGARI	***-**-3680			X	X	X	X	X	X	X	X	X	X	X	X	X
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