

Form 1095-C  
Department of the Treasury  
Internal Revenue Service

# 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

OMB No. 1545-2251 600320

2020

B14Z  
22CIC13817

<b>Part I Employee</b>		2 Social security number (SSN) ***-**-9948	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-4994650
1 Name of employee (first name, middle initial, last name) ANANTHACHARY RUDROJU			7 Name of employer JPMorgan Chase Bank, NA		
3 Street address (including apartment no.) 915 BLACKMORE DR			9 Street address (including room or suite no.) 1111 Polaris Parkway		10 Contact telephone number 877-576-2427
4 City or town DELAWARE	5 State or province OH	6 Country and ZIP or foreign postal code 43015	11 City or town Columbus	12 State or province OH	13 Country and ZIP or foreign postal code 43240

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)												
	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
	\$	\$ 137.66	\$ 137.66	\$ 137.66	\$ 137.66	\$ 137.66	\$ 137.66	\$ 137.66	\$ 137.66	\$ 137.66	\$ 137.66	\$ 137.66	\$ 137.66
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2020)

Form 1095-C (2020) Page 3 600320

18 ANANTHACHARY RUDROJU	(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	ANANTHACHARY RUDROJU	***-**-9948			X	X	X	X	X	X	X	X	X	X	X	X	X
19	SAI RITHVIK RUDROJU	***-**-0666			X	X	X	X	X	X	X	X	X	X	X	X	X
20	ANURADHA SREEPADA	***-**-1534			X	X	X	X	X	X	X	X	X	X	X	X	X
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

Form 1095-C (2020)