

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.

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Part I Employee		2 Social security number (SSN) XXX-XX-1534		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 20-8370041	
1 Name of employee (first name, middle initial, last name) ANURADHA SREEPADA		7 Name of employer ACCURAY INCORPORATED		9 Street address (including room or suite no.) 1310 CHESAPEAKE TERRACE		10 Contact telephone number 855-404-1972	
3 Street address (including apartment no.) 915 BLACKMORE DR		5 State or province OH		6 Country and ZIP or foreign postal code US 43015		11 City or town SUNNYVALE	
4 City or town DELAWARE		12 State or province CA		13 Country and ZIP or foreign postal code US 94089			

	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 109.34	\$ 109.34	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H
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. <input type="checkbox"/>																		
(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			
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