

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		2 Social security number (SSN) ***-**-3646		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 22-2466421	
1 Name of employee (first name, middle initial, last name) ANKITA MORADIYA				7 Name of employer BAE SYSTEMS TECHNOLOGY SOLUTIONS & SERVICES INC.			
3 Street address (including apartment no.) 1703 E WEST HIGHWAY APT 322				9 Street address (including room or suite no.) 11487 SUNSET HILLS RD			
4 City or town SILVER SPRING		5 State or province MD		6 Country and ZIP or foreign postal code 20910		10 Contact telephone number 888-900-4223	
				11 City or town RESTON		12 State or province VA	
						13 Country and ZIP or foreign postal code 20190-5228	

14 Offer of Coverage (enter required code)	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		
		1E	1E	1E	1E	1B	1E	1E	1E	1H	1H	1H	1H		
15 Employee Required Contribution (see instructions)	\$	\$126.77	\$126.77	\$126.77	\$126.77	\$579.85	\$126.77	\$126.77	\$126.77	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C		2C	2C	2C	2A	2A	2A	2A		
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. Page 1

18 (a) Name of covered individual(s) First name, middle initial, last name	19 (b) SSN or other TIN	20 (c) DOB (if SSN or other TIN is not available)	21 (d) Covered all 12 months	22 (e) Months of coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
ANKITA MORADIYA	***-**-3646			X	X	X	X		X	X	X				