1400E C		Employ	/er-Provi	ded	Hea	ilth Insu	ıran	ce (Offer and	d Cover	age	VOID		OMB No	. 1545-2251	PUUTSU	
1095-C Department of the Treasu Internal Revenue Service	ırv	Employer-Provided Health Insurance Offer and Coverage Do not attach to your lax return. Keep for your records. Go to www.irs.gov/Form1095C for Instructions and the latest information.													2020		
Part I Employee					2 Social security number (SSN) + + + - + + - 9940				licable Large E	mployer Mem				8 Employer identification number (EIN) 13-3133497			
1 Name of employee (fir: PRIYANKU RA		itial, last name)							ofemployer ERICAN EXP	RESS TRS							
3 Street address (including apartment no.) 12106 W ROWEL RD									t address (including 01 W BEHRE	SUITE 55				10 Contact telephone number 855-783-4772			
4 City or town PEORIA 5 State or province AZ					6 Country and ZIP or foreign postal code 85383				or town OENIX	12 State or province AZ			13 Country and ZIP or foreign postal code 85027				
Part II Employ	ee Offer of Co	overage		Emp	ployee	's Age on Jan	uary 1	,			Plan Start Mo	onth (enter 2-dig	it number) O	1			
	All 12 Months	Jan	Feb	Ma	ır	Apr		May	June	July	Aug	Sept	Oct		Nov	Dec	
14 Offer of Coverage (enter required code)		1A 1A		1.8	A	1A 1		l A	1A	1۸	1A	1A	1A		1A	1A	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	ļ	\$	\$		\$	\$	\$	3	\$	3		5	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		20	2C	20	C	2C	2	2C	2C	2C	2C	2C	2C		2C	20	
17 ZIP Code																	
For Privacy Act and P	aperwork Reduct	ion Act Notice, se	ee separate instruc	tions.				Cat. No.	60705M						Form 1	1095-C (2020)	

P00350

Page 3 Form 1095-C (2020) X 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. (e) Months of coverage (c) DOB (if SSN or other TIN is not available) (d) Covered all 12 months (a) Name of covered individual(s) First name, middle initial, last name (b) SSN or other TIN Apr May June July Aug Sept Oct Nov Dec X 18 PRIYANKU RAJKHOWA ***-**-9940 × × $\mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x} \mathbf{x}$ X X X X ***-**-7033 19 PRIYAMBADA DAS × × × $\times |x|$ $\times \times \times$ $\times \times \times \times$ ***-**-6570 PAULINA RAJKHOWA 21 22 23 25 26 28 29 30

Form 1095-C (2020)