

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

2020

Employer identification number (EIN)
13-3133497

Part I Employee		2 Social security number (SSN) ***-**-9940		Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) PRIYANKU RAJKHOWA				7 Name of employer AMERICAN EXPRESS TRS			
3 Street address (including apartment no.) 12106 W ROWEL RD				9 Street address (including room or suite no.) 2401 W BEHREND DRIVE, 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		11 City or town PHOENIX	12 State or province AZ	13 Country and ZIP or foreign postal code 85027

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		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

18	(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
	PRIYANKU RAJKHOWA	***-**-9940			X	X	X	X	X	X	X	X	X	X	X	X
	PRIYAMBADA DAS	***-**-7033			X	X	X	X	X	X	X	X	X	X	X	X
	PAULINA RAJKHOWA	***-**-6570			X	X	X	X	X	X	X	X	X	X	X	X
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