

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

600120
 OMB No. 1545-2251

2021

Part I Employee

1 Name of employee (first name, middle initial, last name) Ruta Sanjay Bhat		2 Social security number (SSN) 301-25-2578
3 Street address (including apartment no.) 5700 Henry Cook Blvd, Apt 6329		
4 City or town Plano	5 State or province TX	6 Country and ZIP or foreign postal code 75024

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1H	1H	1A	1A	1A
15 Employee Required Contribution (see instructions)						
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2F	2C	2C
17 ZIP Code						

Part III Covered Individuals

If Employer Provided self-insured coverage check the box and enter the information for each covered individual

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18				<input type="checkbox"/>
19				<input type="checkbox"/>
20				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer MEDALLIA INC		8 Employer Identification Number (EIN) 77-0558353
9 Street address (including room or suite no.) 575 Market St, Ste 1850		10 Contact Telephone Number (650) 321-3000
11 City or town San Francisco	12 State or province CA	13 Country and ZIP or foreign postal code 94105

Employee's Age on January 1: Plan Start Month: 01

June	July	Aug	Sept	Oct	Nov	Dec
1A	1A	1A	1A	1A	1A	1A
2C	2C	2C	2C	2C	2C	2C

(e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **1095-C** (2021)

MEDALLIA INC
 575 Market St, Ste 1850
 San Francisco, CA 94105

12365 4447 **1095-C**
 Ruta Sanjay Bhat
 5700 Henry Cook Blvd, Apt 6329
 Plano, TX 75024