



1JE 0040 760BB 000002261

000047481 J0643935

CARECENTRIX INC  
20 CHURCH STREET  
HARTFORD, CT 06103



\*1JEPNA95CP70000032418A424A782\*

047507 RO9MOP01 1JE 0040 760BB 000002261  
VENKATA J YERRAGUDI  
3200 CINDY DRIVE  
APT 6  
NEWARK, DE 19702

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

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Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

### Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2021**

Part I Employee				Applicable Large Employer Member (Employer)											
1 Name of employee (first name, middle initial, last name) <b>VENKATA J YERRAGUDI</b>		2 Social security number (SSN) <b>XXX-XX-3221</b>		7 Name of employer <b>CARECENTRIX INC</b>				8 Employer identification number (EIN) <b>11-3454103</b>							
3 Street address (including apartment no.) <b>3200 CINDY DRIVE</b>				9 Street address (including room or suite no.) <b>20 CHURCH STREET</b>				10 Contact telephone number <b>631-501-7330</b>							
4 City or town <b>NEWARK</b>		5 State or province <b>DE</b>		6 Country and ZIP or foreign postal code <b>USA 19702</b>		11 City or town <b>HARTFORD</b>		12 State or province <b>CT</b>		13 Country and ZIP or foreign postal code <b>USA 06103</b>					
Part II Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number): <b>00</b>							
14 Offer of Coverage (enter required code) <b>1H</b>		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)		<b>2A</b>		<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2D</b>	<b>2B</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>
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. <input checked="" 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
18 <b>VENKATA J YERRAGUDI</b>	<b>XXX-XX-3221</b>		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<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"/>
20			<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"/>
21			<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"/>
22			<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"/>
23			<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"/>