

Part I Employee

2 Social security number (SSN) ***-**-8094
 Applicable Large Employer Member (Employer)
 1 Name of employee (first name, middle initial, last name) CHENDRA S ALLADI
 7 Name of employer CARDINAL HEALTH 5, LLC CARDINAL HEALTH, INC.
 3 Street address (including apartment no.) 891 BLACKMORE DR
 9 Street address (including room or suite no.) 7000 CARDINAL PLACE
 10 Contact telephone number 866-866-8525
 4 City or town DELAWARE 5 State or province OH 6 Country and ZIP or foreign postal code 43015 11 City or town DUBLIN 12 State or province OH 13 Country and ZIP or foreign postal code 43017-1091

Part II Employee Offer of Coverage Employee's Age on January 1 Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 112.99	\$ 112.99	\$ 112.99	\$ 112.99	\$ 112.99	\$ 112.99	\$ 112.99	\$ 112.99	\$ 112.99	\$ 112.99	\$ 112.99	\$ 112.99
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2021)

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.

(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 CHENDRA S ALLADI	***-**-8094			X	X	X	X	X	X	X	X	X	X	X	X	X
19 AARUSH ALLADI	***-**-1714			X	X	X	X	X	X	X	X	X	X	X	X	X
20 AKSHITA ALLADI	***-**-5969			X	X	X	X	X	X	X	X	X	X	X	X	X
21 MADHAVI DOMAKUNTLA	***-**-9772			X	X	X	X	X	X	X	X	X	X	X	X	X
22																
23																
24																
25																
26																
27																
28																
29																
30																