

# 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.

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|  |                               |  |   |                                |   |  |
|--|-------------------------------|--|---|--------------------------------|---|--|
| <b>Part I Employee</b> Tracking #: 35020T6                                     |                               |  | <b>Applicable Large Employer Member (Employer)</b>                                  |                                |   |  |
| 1 Name of employee (first name, middle initial, last name)<br><br>Vinyas Maiya |                               | 2 Social security number (SSN)<br><br>XXX-XX-7122        | 7 Name of employer<br><br>ATOS SYNTEL INC   |                                | 8 Employer identification number (EIN)<br><br>83-4284670  |  |
| 3 Street address (including apartment no.)<br><br>2001 Falls Blvd<br>Apt 215   |                               |  | 9 Street address (including room or suite no.)<br><br>525 E BIG BEAVER RD SUITE 300 |                                | 10 Contact telephone number<br><br>919-719-5722 Ext 3     |  |
| 4 City or town<br><br>Quincy   | 5 State or province<br><br>MA | 6 Country and ZIP or foreign postal code<br><br>US 02169 | 11 City or town<br><br>Troy   | 12 State or province<br><br>MI | 13 Country and ZIP or foreign postal code<br><br>US 48083 |  |

| 14 Offer of Coverage (enter required code)                                | Employee's Age on January 1 |     |     |     |     |     |      |      |     |      |     |     | Plan Start Month (Enter 2-digit number): |    |    |  |
|---|-----------------------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|--|----|----|--|
|   | All 12 Months               | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec                                      |    |    |  |
| 1A  |                             |     |     |     |     |     |      |      |     |      |     |     |  |    |    |  |
| 15 Employee Required Contribution (see instructions)                      | \$                          | \$  | \$  | \$  | \$  | \$  | \$   | \$   | \$  | \$   | \$  | \$  | \$                                       | \$ | \$ |  |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | 2C                          |     |     |     |     |     |      |      |     |      |     |     |  |    |    |  |
| 17 ZIP Code   |                             |     |     |     |     |     |      |      |     |      |     |     |  |    |    |  |

| <b>Part III Covered Individuals</b>   |                      |  |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
|---|----------------------|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 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)<br>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 Vinyas Maiya   | XXX-XX-7122          |  | <input checked="" 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"/> |  |
| 19 Pooja Ramesh   |                      | 1995-09-05                                     | <input checked="" 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"/> |  |