

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

8 Employer identification number (EIN)
22-2466421

Part I Employee
2 Social security number (SSN)
***-**-7761

1 Name of employee (first name, middle initial, last name)
RAGHU KOMAR THALVAYAPATI

7 Name of employer
BAE SYSTEMS TECHNOLOGY SOLUTIONS & SERVICES INC.

3 Street address (including apartment no.)
22434 BRIGHT SKY DRIVE

9 Street address (including room or suite no.)
11487 SUNSET HILLS RD

10 Contact telephone number
888-900-4223

4 City or town
CLARKSBURG
5 State or province
MD

6 County and ZIP or foreign postal code
20871

11 City or town
RESTON

12 State or province
VA

13 Country and ZIP or foreign postal code
20190-5228

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)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$126.77	\$126.77	\$126.77	\$126.77	\$126.77	\$126.77	\$126.77	\$126.77	\$126.77	\$126.77	\$126.77	\$126.77
16 Section 4980H Self Harbor and Other Savings (enter code, if applicable)		2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H
17 ZIP Code													

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

Cat. No. 60705M

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			