

Employer-Provided Health Insurance Offer and Coverage

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

VOID
 CORRECTED

OMB No. 1545-0047 600120
2021

Part I Employee

2 Social security number (SSN)
***-**-7175

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN)
31-0841368

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

NAGARJUN REDDY MANDADI

7 Name of employer

US BANK NATIONAL ASSOCIATION

3 Street address (including apartment no.)

152 GRENACHE CT

9 Street address (including room or suite no.)

4000 WEST BROADWAY

10 Contact telephone number

800-806-7009

4 City or town

O'FALLON

5 State or province

MO

6 Country and ZIP or foreign postal code

63368

11 City or town

ROBBINSDALE

12 State or province

MN

13 Country and ZIP or foreign postal code

55422-2212

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)	\$	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58
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 NAGARJUN REDDY MANDADI	***-**-7175			X	X	X	X	X	X	X	X	X	X	X	X	X
19 ARCHANA GONDI	***-**-0214			X	X	X	X	X	X	X	X	X	X	X	X	X
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