

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

2021

Part I Employee		2 Social security number (SSN) ***-**-0006	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-1502798
1 Name of employee (first name, middle initial, last name) NAGARJUN R MARAM VENKATA		7 Name of employer AMERICAN AIRLINES INC		9 Street address (including room or suite no.) 1 SKYVIEW DRIVE MD 8A203	
3 Street address (including apartment no.) 215 N MOORE RD APT 600B		11 City or town FT. WORTH		12 State or province TX	
4 City or town COPPELL	5 State or province TX	6 Country and ZIP or foreign postal code 75019	13 Country and ZIP or foreign postal code 76155		10 Contact telephone number 888-860-6178

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
		1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1A	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2D	2C	
17 ZIP Code															

18 (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 R MARAM VENKATA		***-**-0006														X	X
19 RIYANSHIKA R MARAM		***-**-8845														X	X
20 SOWMYA S PANTA		***-**-1510														X	X
21																	
22																	
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