

# Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

VOID  
 CORRECTED

600120  
OMB No. 1545-2251

**2021**

## Part I Employee

1 Name of employee (first name, middle initial, last name) Ashish   Shahane		2 Social security number (SSN) 334-61-3707
3 Street address (including apartment no.) 600 greenlawn drive, apt no4314		
4 City or town Columbia	5 State or province SC	6 Country and ZIP or foreign postal code 29209

## Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)		\$274.34	\$274.34	\$274.34	\$274.34	\$257.12
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2F	2F	2F	2F	2C
17 ZIP Code						

## Part III Covered Individuals

If Employer Provided self-insured coverage check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18 Ashish   Shahane	334-61-3707	12/04/1994	<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

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

## Applicable Large Employer Member (Employer)

7 Name of employer Katalyst Technologies Inc		8 Employer Identification Number (EIN) 45-2848820
9 Street address (including room or suite no.) 500 Davis St, Ste 701		10 Contact Telephone Number (847) 425-4321
11 City or town Evanston	12 State or province IL	13 Country and ZIP or foreign postal code 60201

## Employee's Age on January 1

Plan Start Month: **12**

June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1E	1E	1H	1H	1H
\$257.12	\$257.12	\$257.12	\$257.12			
2C	2C	2C	2C	2B	2A	2A

## (e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>
<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"/>	<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"/>	<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"/>

Form **1095-C** (2021)

35611 10610 \*\*1095-C\*\*  
Ashish Shahane  
600 greenlawn drive, apt no4314  
Columbia, SC 29209

Katalyst Technologies Inc  
500 Davis St, Ste 701  
Evanston, IL 60201