

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) Pragathi Kancharla		2 Social security number (SSN) XXXXX9420		7 Name of employer Incenter LLC		8 Employer identification number (EIN) 47-4192509	
3 Street address (including apartment no.) 3868 Central Pike, Apt 215				9 Street address (including room or suite no.) 30 7th St E		10 Contact telephone number 484-615-7226	
4 City or town Hermitage		5 State or province TN	6 Country and ZIP or foreign postal code US 37076		11 City or town St Paul	12 State or province MN	13 Country and ZIP or foreign postal code US 55101

Part II Employee Offer of Coverage Employee's Age on January 1: Plan Start Month (Enter 2-digit number): 01

4 Offer of Coverage (enter required code)	5 Employee Required Contribution (see instructions)												
	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	1E	1E	1H
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$124.91	\$124.91	\$
6 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2A	2A	2A	2A	2A	2A	2A	2A	2A	2D	2F	2B	2A
7 Zip Code													

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)	(b) SSN or other TIN	(c) DOB (If SSN or TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	
18 Pragathi	Kancharla	XXXXX9420												X	X	
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