

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

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) CHANDRAKANT N GAJJAR		2 Social security number (SSN) XXX-XX-0852		7 Name of employer ORACLE AMERICA, INC		8 Employer identification number (EIN) 94-2805249	
3 Street address (including apartment no.) 16 ISLAND HILL AVE UNIT 204				9 Street address (including room or suite no.) 500 ORACLE PARKWAY US BENEFITS		10 Contact telephone number 650-506-9800	
4 City or town MELROSE		5 State or province MA		6 Country and ZIP or foreign postal code US 02176		11 City or town REDWOOD SHORES	
				12 State or province CA		13 Country and ZIP or foreign postal code US 94065	

Part II Employee Offer of Coverage

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
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 32.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	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	CHANDRAKANT N GAJJAR	XXX-XX-0852		X													
19	KUSH C GAJJAR		04-30-2009	X													
20	MITTAL C GAJJAR	XXX-XX-0157		X													
21																	
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