

1095-C

Employer-Provided Health Insurance Offer and Coverage

OMB No. 1545-2251
2021

Form 1095-C (2021)

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

Go to www.irs.gov/Form1095C for instructions and the latest information.

Applicable Large Employer Member (Employer)

Department of the Treasury Internal Revenue Service

Part I Employee

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

2 Social security number (SSN) ******-**-5957**

3 Street address (including apartment no.) **9522 VALLEY RANCH PKWY E APT 2033**

4 City or town **IRVING** 5 State or province **TX**

6 Country and ZIP or foreign postal code **75063-7880**

7 Name of employer **DELOITTE CONSULTING LLP**

8 Employer identification number (EIN) **06-1454513**

9 Street address (including room or suite no.) **4022 SELLS DRIVE**

10 Contact telephone number **(212) 492-4705**

11 City or town **HERMITAGE**

12 State or province **TN**

13 Country and ZIP or foreign postal code **37076-2903**

14 Offer of coverage (enter required code)

15 Employee Required Contribution (see instructions)

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)

17 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) 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

	Name	SSN/TIN	DOB	Covered	Months of coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	Vikas	****-**-5957		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	Pallavi		1989-10-04	<input 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"/>
20				<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"/>
21				<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"/>
22				<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"/>
23				<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"/>