

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

Part I Employee				Applicable Large Employer Member (Employer)							
1 Name of employee (first name, middle initial, last name) GAGAN PRABHU			2 Social security number (SSN) XXX-XX-1631		7 Name of employer EMC CORPORATION			8 Employer identification number (EIN) 04-2680009			
3 Street address (including apartment no.) 94 HAMMOND ST APT 2				9 Street address (including room or suite no.) 176 SOUTH STREET				10 Contact telephone number 8559011222			
4 City or town BOSTON		5 State or province MA		6 Country and ZIP or foreign postal code US 02120		11 City or town HOPKINTON		12 State or province MA		13 Country and ZIP or foreign postal code US 01748	

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)		1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$ 104.93	\$ 104.93	\$ 104.93	\$ 104.93	\$ 104.93	\$ 104.93
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2D	2D	2D	2C	2C	2C	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. <input checked="" type="checkbox"/>																	
	(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	GAGAN PRABHU	XXX-XX-1631												X	X	X	X
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