

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at 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) Koushik Darshnala		2 Social security number (SSN) 098-55-0392
3 Street address (including apartment no.) 800 Finsbury Street Apt 7303		
4 City or town Durham	5 State or province NC	6 Country and ZIP or foreign postal code 27703

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1H
15 Employee Required Contribution (see instructions)						
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2A
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 Koushik Darshnala	098-55-0392	12/10/1991	<input checked="" 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 Critical Skills, Inc		8 Employer Identification Number (EIN) 35-1975037
9 Street address (including room or suite no.) 9059 Technology Lane, Suite 700		10 Contact Telephone Number (317) 848-9571
11 City or town Fishers	12 State or province IN	13 Country and ZIP or foreign postal code 46038

Employee's Age on January 1: Plan Start Month: **12**

June	July	Aug	Sept	Oct	Nov	Dec
1H	1H	1H	1H	1H	1H	1H
2A	2A	2A	2A	2A	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 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"/>
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<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)

Critical Skills, Inc
 9059 Technology Lane, Suite 700
 Fishers, IN 46038

11290 450 **1095-C**
 Koushik Darshnala
 800 Finsbury Street Apt 7303
 Durham, NC 27703