P00150

Form 1095-C

Department of the Treasury Internal Revenue Service

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 OMB No. 1545-2251

CORRECTED 2021

Part I Employ			Applicable Large	er Member (Employer)			
1 Name of employe (first na Pruthviraj Anand	Morbale	2 Social security number (SSN) XXXXX0852	7 Name of employer Bonnell Aluminum (Niles), I	8 Employer identification number (EIN) 35-2447096 10 Contact telephone number 804-330-1006			
3 Street address (including 5820 Winamac Lake I			9 Street address (including room of 1100 Boulders Parkway				
4 City or town Mishawaka	IN	6 Country and ZIP or foreign postal code US 46545	11 City or town North Chesterfield	12 State or province VA	13 Country and ZIP or foreign postal code US 23225		

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)		1A	1A	1E	1E	1A	1A	1A	1A	1A	1A	1A	1A				
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$61.00	\$61.00	\$	\$	\$	\$	\$	\$	s	s				
16 Section 4980H Safe Harbor and Other Relie (enter code, if applicable	f	2G	2G	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C				
17 Zip Code					4			· .									

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	(d)	Covered						(e)	Month	s of (Cove	rage					
		(5) SOIT OF OTHER THE	TIN is not available)	all 12 mont		Jan	n F	Feb	Mar	Apr	May	Jun	_	luly	Aug	Sept	Oct	Nov	De	
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