

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.

Part I Employee **Applicable Large Employer Member (Employer)**

<p>1 Name of employee (first name, middle initial, last name) ANAND GUPTA</p> <p>3 Street address (including apartment no.) 1037 KING WAY</p> <p>4 City or town BREINIGSVILLE</p>	<p>2 Social security number (SSN) ****-**-7111</p> <p>7 Name of employer HIGHPOINT SOLUTIONS, LLC</p> <p>9 Street address (including room or suite no.) 301 E GERMANTOWN PIKE</p> <p>10 Contact telephone number (913) 228-3222</p>
<p>5 State or province PA</p> <p>6 Country and ZIP or foreign postal code 18031-1482</p> <p>11 City or town EAST NORRITON</p> <p>12 State or province PA</p> <p>13 Country and ZIP or foreign postal code 19401</p>	<p>8 Employer identification number (EIN) 20-5090442</p>

14 Offer of Coverage (enter required code)	Employee's Age on January 1												15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov				Dec	
	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	\$ 34.31	2C	2A

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			
Anand Gupta	****-**-7111		<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>