

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) Rahul Dumpala		2 Social security number (SSN) 877-68-3189
3 Street address (including apartment no.) 4812 Afton Ct		
4 City or town Virginia Beach	5 State or province VA	6 Country and ZIP or foreign postal code 23462

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1H	1H	1H	1E	1E
15 Employee Required Contribution (see instructions)					\$104.86	\$104.86
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2C	2C
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				<input type="checkbox"/>
19				<input type="checkbox"/>
20				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer Human Element Inc		8 Employer Identification Number (EIN) 20-2796948
9 Street address (including room or suite no.) 617 Detroit St Ste A		10 Contact Telephone Number (517) 518-4198
11 City or town Ann Arbor	12 State or province MI	13 Country and ZIP or foreign postal code 48104

Employee's Age on January 1

Plan Start Month: **01**

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"/>
	<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"/>

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

Form **1095-C** (2021)

Human Element Inc
617 Detroit St Ste A
Ann Arbor, MI 48104

117288 147 **1095-C**
Rahul Dumpala
4812 Afton Ct
Virginia Beach, VA 23462