

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

OMB No. 1545-2251
2021

500120

Part I Employee

1 Name of employee (first name, middle initial, last name)

Adithya Varma

2 Social security number (SSN)

XXX-XX-4390

7 Name of employer

Cognizant Technology Solutions US Corp

8 Employer identification number (EIN)

13-3924155

3 Street address (including apartment no.)

225 South St

9 Street address (including room or suite no.)

211 Quality Circle
College Station

10 Contact telephone number

973-368-9700 X428434

4 City or town

Jersey City

5 State or province

NJ

6 Country and ZIP or foreign postal code

US 07307-3501

11 City or town

College Station

12 State or province

TX

13 Country and ZIP or foreign postal code

US 77845

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)

All 12 Months	Employee's Age on January 1											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
IH	IH	IH	IA	IA	IA	IA	IA	IA	IA	IA	IA	IH

15 Employee Required Contribution (see instructions)	Plan Start Month (Enter 2-digit number):												
\$	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code												
	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2A
	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	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.

18 Name of covered individual(s) First name, middle initial, last name	19 (b) SSN or other TIN	20 (c) DOB (if SSN or other TIN is not available)	21 (d) Covered all 12 months	22 (e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
Adithya			<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"/>
Varma	XXX-XX-4390		<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"/>	<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"/>