23	22	21	20	19	Adithya 18 Varma	(a) Name Firstname	Part III Cove	17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see instructions)	14 Offer of Coverage (enter required code)		Part III Emp	Jersey City	225 South St	Adithya Varma 3 Street address (including apartment no.)	1 Name of employee (first name, middle initial, last name)	Part II Employe
				3 (		(a) Name of covered individual(s) First name, middle initial, last name	Covered Individuals	44.0		₩.		All 12 Months	oloyee Offe	.A3		na cluding apartm	e (firstname, m	Employee
1.	nam v			- 4 0	-d).	ividual(s) last name	duals ded self-insu	1 (100 m)	24	₩.	H 10 h	Jan	<b>Employee Offer of Coverage</b>		5 State or province	entno.)	iiddleinitial, last	
			25		XXX->	(b) S	red coverage		2D	₩	TO THE TO THE TOTAL THE TO	Feb	ge	in and	nce	South States	name)	7 00 10
	8				XXX-XX-4390	other TIN	, check the		x	€9	A STATE OF S	Mar	10.00		6 Cour	X	2 Soci	F
		70				other TIN is not available)	Covered Individuals  If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.		<b>2</b> C	S C C C C C C C C C C C C C C C C C C C	A V mis	Apr	Employee'	07307-3501	Country and ZIP or foreign postal code	XXX-XX-4390	2 Social security number (Saw)	7 Name of employee
						(d) Covered all 12 months	r the informa	STATE SERVICE	20 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	€	A	Мау	Employee's Age on January	A CONTRACTOR OF THE PARTY OF TH	eign postal code		1 B	(ICCN)
						Jan	tion for ea	A March 2 - And a March 2 - An	20	<b>S</b>	A and the	June	illary I	College Station	11 City or town	9 Street address (including room or suite no.)	and of	7 Name of employer
					×	Feb	ch individ	en que sono	20	↔	IA	July	26	Station	211 Quality Circle City or town	Street address (including		Ap
				2 / 4	X	Mar Apr	ual enroll	ringer. die	10 M	<b>↔</b>	Typ Ann	-		nin	12	ngroom or suit		plicable
					×	Ma	ed in cover		20	84	A	Bug	an Start N	TX	12 State or province	iteno.)		Large Em
					×	(e) Months of Coverage	age, inclu		20	↔	JA	Sept	Nonth (Er		ince			ployer M
					×	July Aug	ding the e	20° 7001	20	€	IA	Oct	nter 2-digit		13	10	8	yer Member (E
					×	Sept	mployee.		20	₩	IA	2	Plan Start Month (Enter 2-digit number):	US 77845	973-368-9700 x428434  13 Country and ZIP or foreign postal code	13-3924155 10 Contact telephonenumber	8 Employeridentificationnumber (EIN)	Applicable Large Employer Member (Employer)
					×	Oct	×			€		Nov		1	700 x4284	phonenumb	ntificationnu	
					×	Nov Dec			2A		Ħ	Dec	01		134 ostal code	e	mber (EII)	-