

Employer-Provided Health Insurance
Information about Form 1095-C and its separate instructions
is at www.irs.gov/form1095c

Offer and Coverage

VOID CORRECTED

600120
OMB No. 1545-2251
2021

Part I Employee

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

2 Social security number (SSN)
671-33-8477

3 Street address (including apartment no.)
6746 Huron Avenue

4 City or town State or province Country and ZIP or foreign postal code
Hammond IN 46323

Applicable Large Employer Member (Employer)

7 Name of employer
BLACHFORD INVESTMENTS INC

8 Employer Identification Number (EIN)
36-3658961

9 Street address (including room or suite no.)
1400 Nuclear Dr

10 Contact Telephone Number
(630) 231-8300

11 City or town State or province Country and ZIP or foreign postal code
West Chicago IL 60185

Part II Employee Offer and Coverage

14 Offer of Coverage (enter required code)
15 Employee Required Contribution (see instructions)

All 12 Months	Jan	Feb	Mar	Apr	May
1H	1H	1H	1H	1H	1H
2A	2A	2A	2A	2A	2A

Plan Start Month: 01

Employee's Age on January 1

June	July	Aug	Sept	Oct	Nov	Dec
1H	1E	1E	1E	1E	1E	1E
2A	2F	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
		2F	2F	2C	2C	2C

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 Abhishek Rao	671-33-8477	04/13/1994	<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

BLACHFORD INVESTMENTS INC
1400 Nuclear Dr
West Chicago, IL 60185

Abhishek Rao
6746 Huron Avenue
Hammond, IN 46323

80132 387 **1095-C*

(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 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"/>
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.