APPLICABLE LARGE EMPLOYER'S nor province, country, ZIP or foreign por		OID ddress, city	CORREC		OMB No. 154		20		Forn	n 109	2515 95-C		014	2	
or province, country, ZIP or foreign postal code, and telephone no. RESCO PRODUCTS INC ONE ROBINSON PLAZA STE 300 6600 STEUBENVILL PITTSBURGH, PA 15205 (412) 294-1068			Plan Start Month (enter 2-digit no.):	14 Offer of Coverag (enter required code)	15 Employee		16 Se 49 Ha an Re co		17 2	17 ZIP Code		Employer Provided Health Insurance Offer and Coverage			
11 Service of the ser				All 12 Months	200	\$	300	17.	2	1	-	32	7 7		<u></u>
0U660 2515 00167			Jan	1A	\$			2C	Take-						
EMPLOYEE'S name and				Feb	1A	\$		_	2C		274-11				
EMPLOYEE'S name, address, ZIP/postal code & country ABHISHEK C RAO			Mar	1A	\$	700	7	2C	-		For Privacy Act and Paperwork Reduction				
6746 HURON AVENUE HAMMOND, IN 46323 Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.			Apr	1A	\$			2C							
			May	1A	\$			2C							
			Jun	1A	\$			2C			Act Notice,			-	
			Jul	1A	\$			2C	1		see separate				
			Aug	1A	\$			2C			1 "	instruction			
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APPLICABLE LARGE EMPLOYER'S identification number (EIN)	EMPLOYE	EMPLOYEE'S social security		Oct	1H	\$]				
23-1279448				Nov					2A		Department of th				
				Dec	-1H	\$	golaria	7.	2A			Treasury - 1R			
Covered Individuals If Employer pro	vided self-insu	ured coverag	ge, check the box	and enter the in	formation for	each indiv	idual enro	lled in d	coverage,	includ	ing the	emple	oyee.		
(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)		(e) Months of cover			age						
18				1114 15 1101 2	anable) a	II 12 mos	Janifed	Maria	primay	Jun J	JI JAUG	Зер	OCI	NOV	Dec
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Instructions for Recipient

Instructions for Recipient
You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Employee Offer of Coverage section, includes information about the coverage, if any, your employer offered to you and your spouse and dependentle). If you purchased health insurance overage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, ese Pub. 974, Premium Tax Credit (FTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer, in that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer intended to form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred trainly members who had certain health coverage (referred to as "minimum essential coverage) for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another

you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health sponsored program, an individual market plan, or miscellaneous coverage of Form 1095-B. If you or a family member and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace Statement.

Employers are required to furnish Form 1095-C, only to the employee. As the recipient of this Form 1095-C, as a self-insured employer-sponsored plan listed in the Covered Individuals section if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, visit www.ins.gov/ACA or call the IRS Healthcare Hotline for ACA questions

Employee

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Reports information about you, the employee. Reports your social security number (SSN). For your protection, this form may show only the last four digits of your SSN, However, the employer is required to report your complete SSN to the IRS.

Applicable Large Employer

onts information about your employer. This includes a telephone number for the person whom you may call if the questions about the information reported on the form or to report errors in the information on the form and that they be corrected.

Employer Offer of Coverage, Lines 14-17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any, (if you received an offer of coverage through a multiemployer plan due to your membership union, that offer may not be shown on line 14.) The information on line 14 neliates to eligibility for coverage subsidized the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, should be premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, should be premium tax credit for you, your spouse, and dependent(s).

Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, was IRS_GOV.

Minimum essential coverage providing minimum value offered to you spouse or dependent(s).
 Minimum essential coverage providing minimum value offered to you and minimum essential coverage off to your dependent(s) but NOT your spouse.
 Minimum essential coverage providing minimum value offered to you and minimum essential coverage off to your spouse but NOT your dependent(s).
 Minimum essential coverage providing minimum value offered to you and minimum essential coverage off to your dependent(s).

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

dependentlys, or you, your spouse, and dependentlys.

1G, You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

ndividual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined sing employee's primary residence ZIP code. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using loyee's primary residence ZIP code.

1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

In Job Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

anordaminy sale harbor.

1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

employment site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to you, opouse, and dependent(a) using the employee's primary employment site ZIP code affordability safe harbor.

1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

1S. Individual coverage HRA offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

1V. Reserved for future use.

1W. Reserved for future use.

1X Reserved for future use.

12. Reserved for future use.

12. Reserved for future use.

13. Reserved for future use.

14. Reserved for future use.

14. The 15. Reserved for future use.

15. Reserved for the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage IFRA amount (generally, the age for the applicable lowest cost silver plan over the instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount op paid for coverage if, to reserve the enterth of the control in more expensive coverage such as family coverage. Line 15 will show an amount only if code IB, IC, to enroll in more expensive coverage but there is no 1D, IE, 1J, 1K, 1L, 1M, 1N, 10, IP, 10, 1T, or 1U is entered in 4. If you were offered coverage but there is no 1D, IE, 1J, 1K, 1L, 1M, 1N, 10, IP, 10, 1T, or 1U is entered in 4. If you were offered coverage but there is no 1D, 1E, 1J, 1K, 1L, 1M, 1N, 10, 1P, 10, 1T, or 1U were plan of the amount reported on line 15, visit IRS, gov.

15. Responsibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS, gov.

15. Reports the applicable 2IP code your employer used for determining affordability if you were offered an individual coverage IRAR, it code 11, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. Individual coverage IRAR, it code 11, 1M, 1N, or 1T was used on line 14, this will be your primary employment site. For more information about individual coverage IRAR, its IRS, gov.

15. Coverage IRAR, it code 11, 1M, 1N, or 1T was used on line 14, this will be your primary employment atte. For more information

Reports the name, SSN for TIN for covered individuals other than the listed employee, and coverage information that the listed employee, and any employee is farmly any to each individual (including any full-time employee and non-full-time employee, and any employee is tarmly any to expect the employer's health plan, if the plan is "self-ineutor." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the listed employee) is not entered in column (c). Column (d) will be checked if the individual was covered for at least edgy in every month of the year. For individuals who were covered for all east of the control in column (e) indicating the individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 8 covered individuals, you will receive one or more additional form(s).