

# Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://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) Ramakrishna Ponnappalli		2 Social security number (SSN) XXX-XX-0124
3 Street address (including apartment no.) N28W22312 Foxwood Lane		
4 City or town Waukesha	5 State or province WI	6 Country and ZIP or foreign postal code 53186

## Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1H	1H	1E	1E	1E
15 Employee Required Contribution (see instructions)				\$25.01	\$25.01	\$25.01
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2C	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 COMMON GROUND HEALTHCARE COOPERATIVE		8 Employer Identification Number (EIN) 45-3309488
9 Street address (including room or suite no.) 120 Bishops Way, Ste 150		10 Contact Telephone Number (414) 455-0500
11 City or town Brookfield	12 State or province WI	13 Country and ZIP or foreign postal code 53005

## Employee's Age on January 1

Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1E	1E	1E	1E	1E
\$25.01	\$25.01	\$25.01	\$25.01	\$25.01	\$25.01	\$25.01
2C	2C	2C	2C	2C	2C	2C

## (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)

COMMON GROUND HEALTHCARE COOPERATIVE  
 120 Bishops Way, Ste 150  
 Brookfield, WI 53005

N9776 276 \*\*1095-C\*\*  
 Ramakrishna Ponnappalli  
 N28W22312 Foxwood Lane  
 Waukesha, WI 53186