## Form 1095-C Department of the Treasury Internal Revenue Service

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

VOID
CORRECTED

600120 OMB No. 1545-2251

2021

				•																			
Part I	Emplo	yee							Applicable Large Employer Member (Employer)														
Name of employee (first name, middle initial, last name)  2 Social security number (SSN)											7 Name of employer 8 Employer Identification Number (El												
Naga Siva Ganesh Kuma	ar	XXX-XX-6465				Jade Glo	bal Inc		52-2	52-2280920													
3 Street address (including apartment no.)											address (i	including roo	10 C	10 Contact Telephone Number									
8 Allandale Dr H21											hnology	Dr, Ste 350	(732	(732) 644-6615									
City or town 5 State or province						6 Country and ZIP or foreign postal code				11 City or town 12 State or					r province	Э	13 C	13 Country and ZIP or foreign postal code					
Newark DE						19713				San Jose CA							9511	95110					
Part II Emplo	yee Off	er and	l Cove	erage						Empl Janua		's Age	on		ľ	Plan St	art Mo	onth:			01		
	All 12 Mont		Months Jan		Mai	r	Apr	May		June		July		Aug		pt	Oct		Nov	Dec			
4 Offer of Coverage		1H		1H	1H		1H	1H		1H 1H		1H	1E	1E		1E		1E		1E			
enter required code) 5 Employee Required Contribution (see nstructions)													\$48	.33	\$48.33		\$48.33		.33	\$48.33			
6 Section 4980H Safe Harbor and Other Relief enter code, if applicable)		2A		2A	2A		2A	2A		2A		2A	2C	_		20	2C			2C			
7 ZIP Code																							
Part III	Covere	d Indiv	/idual	<b>S</b> If Employe	r Provide	ed sel	f-insured cove	rage															
	check the	e box an	d enter	the informati	on for ea	ach co	overed individu	ıal 🖂															
(a) Name of covered individual(s)			(b) cc	(F) CON		DOB (if SSN is not	(d) Covered all 12 months		(e) Months of Coverage														
First name, middle initial, last name		(b) SSN			available)			Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	De				
Naga Siva Ganesh 18 Kumar	Ganesh Polamarasetti		etti	XXX-XX-6465		08/22/1987													$\boxtimes$	$\boxtimes$	$\boxtimes$		
19																							
20																							
21																							
22																							

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **1095-C** (2021)

Jade Global Inc 1731 Technology Dr, Ste 350 San Jose, CA95110

94151 100559 \*\*1095-C\*\*
Naga Siva Ganesh Kumar Polamarasetti
8 Allandale Dr H21
Newark, DE 19713