

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

2021

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) OMKAR SALI		2 Social security number (SSN) XXX-XX-1887	7 Name of employer OPTUM SERVICES, INC.		8 Employer identification number (EIN) 45-4683454
3 Street address (including apartment no.) 965 E EL CAMINO REAL APT 631			9 Street address (including room or suite no.) 9900 BREN ROAD EAST		10 Contact telephone number 8005610861
4 City or town SUNNYVALE	5 State or province CA	6 Country and ZIP or foreign postal code US 94087	11 City or town MINNETONKA	12 State or province MN	13 Country and ZIP or foreign postal code US 55343

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$ 115.16	\$ 115.16	\$ 115.16	\$ 115.16	\$ 115.16
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2021)

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(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) Covered all 12 months	(e) Months of coverage													
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
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