1095-C	Em	ibiolo		Do not at	ttach to you	ir tax return. Kei	ep for ye	our records.			COR	RECT	ED			20	2	2	
ertment of the Treasury nal Revenue Service			Go to	www.irs.go	v/Form1095	C for instructio	ns and t	the latest information. Applicable Large E	nnlover Member	(Employer)									
art I Employee					100	**************************************	- 1997							0	1-15	identific	50		(EIN)
Name of employee (first name, middle initial, last name) Z Social security number (SSN) XXXHXX-XX-8671						1000	MACCACHICETTS MUTUAL LIFE INSURANCE 110 Cor								04-1590850 Contact telephone number				
reet address (including ap	partment no.)						9	Street address (including	room or suite no./					12.0	3553	1442	222 or fore	ign pos	tal code
HIGHPOINT C		PT 714 State or province	20	10	6 Country and	ZIP or foreign post	al code 1	1295 STATE S 1 City or town	12	State or province				130	US 0	1111	1		
UINCY		AM			US 021			CORTNOFTELD	Plan Start Month	MA (apter 2-digit pur	ber): ()	1	27						
Part II Employee	Offer of Cove	erage		1	Employee's	Age on Januar	y 1:			Aug Aug	Sept		Oc	t	19	Nov		- [)ec
-	All 12 Months	Jan	F	Feb	Mar	Apr	Ma	ay June	July	Aug		100							
4 Offer of Coverage (enter required code)	1E																-		
5 Employee Required Contribution																			
(see instructions)	76.33	s	s	s		s	\$	s	\$ \$	4		\$			\$		2		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																		
17 ZIP Code																			
Form 1005-C (2022)																		600 P	320 age 3
		ls d self-insure	ed covera	age, check t	the box and	enter the inform	ation for	each individual enrolle				×		(2)				600 P	320 age 3
		ls d self-insure (a) Name o First name, n	ed covera	age, check (individual(s) al, last name	the box and	enter the inform	ation for	each individual enrolle (b) SSN or other TIN	(c) DOB (if SSN or	other (d) Cover	ed		ar Apr			of covera		Р	age 3
Part III Cove		is d self-insure (a) Name o First name, n	ed covera of covered niddle initia	individual(s) al, last name		enter the informa	ation for	(b) SSN or other TIN		other (d) Cover all 12 mor	ed	Feb M	ar Apr					Р	320 age 3
Part III Cove		ls d self-insure (a) Name o First name, m	ed covera of covered niddle initia	age, check (individual(s) a), last name KAMAL.7		enter the informa	ation for		(c) DOB (if SSN or	other (d) Cover	ed		ar Apr					Р	age 3
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