

VOID
 CORRECTED

Part I Employee

1 Name of employee (first name, middle initial, last name)
ANKITA MORADIYA

2 Social security number (SSN)
*****-**-3646**

3 Street address (including apartment no.)
171 W JULIAN ST. APT #206

4 City or town
SAN JOSE

5 State or province
CA

6 Country and ZIP or foreign postal code
95110

7 Name of employer
GPS SERVICES INC

8 Street address (including room or suite no.)
2 FOLSOM STREET

9 City or town
SAN FRANCISCO

10 Contact telephone number
866-411-2772x20600

11 State or province
CA

12 State or province
CA

13 Country and ZIP or foreign postal code
94105

Part II Employee Offer of Coverage

Employee's Age on January 1: _____ Plan Start Month (enter 2-digit number): **07**

4 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1E	1E	1E	1E	1A	1A	1A	1A	1A	1A	1A	1A
5 Employee Required Contribution (see instructions)	\$	\$ 82.00	\$ 82.00	\$ 82.00	\$ 82.00	\$	\$	\$	\$	\$	\$	\$	\$
6 Section 4980H Safe Harbor and Other Relief (enter code, applicable)	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

7 ZIP Code: _____

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	
18 ANKITA MORADIYA	***-**-3646			X	X	X	X	X	X	X	X	X	X	X	X	X
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