

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.

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 CORRECTED

OMB No. 1545-2281 **600320**
2022

Part I Employee		2 Social security number (SSN) ***-**-6407	Applicable Large Employer Member (Employer)	8 Employer identification number (EIN) 77-0307520
1 Name of employee (first name, middle initial, last name) SHASHANK BADAVANAHALLI RAJASHEKAR		7 Name of employer NETAPP INC		
3 Street address (including apartment no.) 185 ESTANCIA DR 201		9 Street address (including room or suite no.) 3060 OLSEN DRIVE		10 Contact telephone number 888-747-2367
4 City or town SAN JOSE	5 State or province CA	6 Country and ZIP or foreign postal code 95134	11 City or town SAN JOSE	12 State or province CA
Part II Employee Offer of Coverage		Employee's Age on January 1		Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
			1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	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 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	SHASHANK BADAVANAHALLI RAJASHEKAR	***-**-6407			X	X	X	X	X	X	X	X	X	X	X	X	X
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