

Part I Employee

1 Name of employee (first name, middle initial, last name)
GOUTHAM R SAJJU

3 Street address (including apartment no.)
920 6TH STREET DRIVE

4 City or town
MOLINE

5 State or province
IL

6 Country and ZIP or foreign postal code
61265

7 Social security number (SSN)
***-**-8030

Part II Employee Offer of Coverage

Employee's Age on January 1

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

	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1A	1A	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	2C

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

GOUTHAM R SATTU
APOORVA REDDY