

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

OMB No. 1545-2251 600320
2022

Part I Employee		2 Social security number (SSN) ***-**-8094	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 20-0116055
1 Name of employee (first name, middle initial, last name) CHENDRA S ALLADI			7 Name of employer CARDINAL HEALTH 5, LLC CARDINAL HEALTH, INC.		
3 Street address (including apartment no.) 891 BLACKMORE DR			9 Street address (including room or suite no.) 7000 CARDINAL PLACE		
4 City or town DELAWARE	5 State or province OH	6 Country and ZIP or foreign postal code 43015	11 City or town DUBLIN	12 State or province OH	13 Country and ZIP or foreign postal code 43017-1091
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
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 119.99	\$ 119.99	\$ 119.99	\$ 119.99	\$ 119.99	\$ 119.99	\$ 119.99	\$ 119.99	\$ 119.99	\$ 119.99	\$ 119.99	\$ 119.99
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	CHENDRA S ALLADI	***-**-8094			X	X	X	X	X	X	X	X	X	X	X	X
19	AARUSH ALLADI	***-**-1714			X	X	X	X	X	X	X	X	X	X	X	X
20	AKSHITA ALLADI	***-**-5969			X	X	X	X	X	X	X	X	X	X	X	X
21	MADHAVI DOMAKUNTLA	***-**-9772			X	X	X	X	X	X	X	X	X	X	X	X
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