

Part I Employee		2 Social security number (SSN) ***-**-5847		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 26-3305132	
1 Name of employee (first name, middle initial, last name) SAI SREEVALLI GAJJALA				7 Name of employer RANDSTAD TECHNOLOGIES LLC			
3 Street address (including apartment no.) 2451 SUNFISH CIRCLE				9 Street address (including room or suite no.) 3625 CUMBERLAND BLVD SUITE 600		10 Contact telephone number 855-594-6213	
4 City or town QUAKERTOWN		5 State or province PA		6 Country and ZIP or foreign postal code 18951		11 City or town ATLANTA	
				12 State or province GA		13 Country and ZIP or foreign postal code 30339	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions)	\$	\$ 187.39	\$ 187.39	\$ 187.39	\$ 187.39	\$ 187.39	\$ 187.39	\$ 187.39	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	2H	2H	2H	2H	2H	2H	2B	2A	2A	2A	2A		
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2022)

18 19 20 21 22 23 24 25 26 27 28 29 30	(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