

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 600120

2022

Part I Employee

2 Social security number (SSN)
***-**-0928

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN)
58-0953786

1 Name of employee (first name, middle initial, last name)
ADITYA VADAPALLY

7 Name of employer
KENNESAW STATE UNIVERSITY

3 Street address (including apartment no.)
707 FRANKLIN GATEWAY SE UNIT 12-6

9 Street address (including room or suite no.)
1000 CHASTAIN ROAD

10 Contact telephone number
844-587-4236

4 City or town
MARIETTA

5 State or province
GA

6 Country and ZIP or foreign postal code
30067

11 City or town
KENNESAW

12 State or province
GA

13 Country and ZIP or foreign postal code
30144-5591

Part II Employee Offer of Coverage

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
14 Offer of Coverage (enter required code)		1G	1G	1G	1G	1G	1G	1G	1G	1G	1G	1G	1G
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2022)

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	ADITYA VADAPALLY	***-**-0928			X	X	X	X	X								
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