



TWP 0191 9B2EE 000004852

000041000 J0318426

BAYER US LLC
800 N LINDBERGH BLVD
ST LOUIS, MO 63167



TWPPNA95CP20000025206A421A040

041000 RO9MST01 TWP 0191 9B2EE 000004852
PANKAJ KUMAR
11 RAINFORD RD
EDISON, NJ 08820

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

S 041000 RO9MS101 041000 E

Form **1095-C**
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-2251

CORRECTED

2022

Part I Employee

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

PANKAJ KUMAR

2 Social security number (SSN)
XXX-XX-3005

7 Name of employer

BAYER US LLC

8 Employer identification number (EIN)

06-1653779

3 Street address (including apartment no.)

11 RAINFORD RD

9 Street address (including room or suite no.)

800 N LINDBERGH BLVD

10 Contact telephone number

888-473-1001

4 City or town

EDISON

5 State or province

NJ

6 Country and ZIP or foreign postal code

USA 08820

11 City or town

ST LOUIS

12 State or province

MO

13 Country and ZIP or foreign postal code

USA 63167

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	Employee's Age on January 1													
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
1E															
15 Employee Required Contribution (see instructions)	\$ 132.91	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	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 PANKAJ KUMAR	XXX-XX-3005		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 TARUNA CHAUHAN	XXX-XX-0651		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 CHARIZMA KUMAR	XXX-XX-4076		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 PALAK KUMAR	XXX-XX-4093		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Form 1095-C (2022)