Open Plan Systems 4700 Deepwater Terminal Road Richmond VA, 23234

Naren Motte 11034 Little Five Loop Glen Allen, VA 23059

Form <b>1095-C</b> Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage								VOID	OMB N	600120 OMB No. 1545-2251		
					ch to your tax re Form1095C for ir		•		2022 2022					
Part I Emplo	oyee							Applic	able Large	Employer	Member (E	mployer)		
1 Name of employee (first name, middle initial, last name) 2 Soci Naren   Motte					cial security nu -5593	mber (SSN)	7 Name of er <b>Open Plar</b>				8 Employer identification number (EIN) 54-2050136			
3 Street address ( 11034 Little Fiv	0.1	artment no.)					9 Street addr 4700 Dee	ess (including owater Tern		no.)	10 Contact 1 804-523-8	•	umber	
4 City or town Glen Allen		5 State or province 6 Country and US 23059			nd ZIP or foreign postal code		11 City or town Richmond		12 State or province		13 Country and ZIP or foreign postal code US 23234			
Part II Emplo	oyee Offer	of Coverag	je		Employee	's Age on J	anuary 1		Plan Star	t Month (E	nter 2-digi	t number)	: 11	
14 Offer of Coverage (Enter required code)	All 12 Month	ns Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
	1A													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C													
17 Zip Code														
For Priv	Vacy Act and	Paperwork R	eduction Ac	t Notice, see	separate instru	ctions.		Cat. No 607	705M	1	1	Form 109	5-C (2022) 1 of 1	

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

Form **1095-C** (2022)

1 of 1