

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.

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 CORRECTED

OMB No. 1545-2251
2022

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) SREEHARITHA GANNA		2 Social security number (SSN) XXX-XX-0609		7 Name of employer FEDEX SUPPLY CHAIN DISTRIBUTION SYSTEM,		8 Employer identification number (EIN) 25-1638278	
3 Street address (including apartment no.) 4735 HAMPTON RIDGE LANE				9 Street address (including room or suite no.) 700 CRANBERRY WOODS DRIVE		10 Contact telephone number 800-888-5622	
4 City or town MEMPHIS		5 State or province TN		6 Country and ZIP or foreign postal code US 38002		11 City or town CRANBERRY TOWNSHIP	
						12 State or province PA	
						13 Country and ZIP or foreign postal code US 16066	

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)		1E	1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2G	2G	2G	2G	2G	2G	2G	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)

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. <input type="checkbox"/>															
(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
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