

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

Part I Employee		2 Social security number (SSN) ***-**-0665	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-2695416
Name of employee (first name, middle initial, last name) SHRADDHA V PARMAR		7 Name of employer ZIMMER INC		10 Contact telephone number 877-588-0933	
Street address (including apartment no.) 8444 COLUMBUS AVE APT 201		9 Street address (including room or suite no.) 345 E MAIN STREET		13 Country and ZIP or foreign postal code 46590	
City or town NORTH HILLS	5 State or province CA	6 Country and ZIP or foreign postal code 91343	11 City or town WARSAW	12 State or province IN	

4 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	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

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	SHRADDHA V PARMAR	***-**-0665			X	X	X	X	X	X	X	X	X	X	X	X	X	X
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		