

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
600120
2022

Part I Employee		2 Social security number (SSN) ***-**-2884		Applicable Large Employer Member (Employer)				8 Employer identification number (EIN) 32-0353368	
Name of employee (first name, middle initial, last name) BARANI CODANDAM				7 Name of employer GRAINGER MANAGEMENT LLC				10 Contact telephone number 888-477-3781	
Street address (including apartment no.) 43227 HERON DR				9 Street address (including room or suite no.) 100 GRAINGER PARKWAY				13 Country and ZIP or foreign postal code 60045-5201	
City or town NOVI		5 State or province MI		6 Country and ZIP or foreign postal code 48375-4482		11 City or town LAKE FOREST		12 State or province IL	

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	
4 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1A	1A	1A	1A	
5 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
6 Section 4980H Safe Harbor and Other Relief (enter code, applicable)		2A	2A	2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	
7 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 checked="" 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	
8 BARANI CODANDAM	***-**-2884											X	X	X	X	X
9 NIVEKA KRISHNAN	***-**-5828											X	X	X	X	X
10 NAVANEETHA KRISHNAN PURUSHOTHAMAN MR	***-**-9104											X	X	X	X	X
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