

# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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<b>Part I Employee</b>			<b>Applicable Large Employer Member (Employer)</b>			
1 Name of employee (first name, middle initial, last name) ELISON MARSHAL TUSCANO		2 Social security number (SSN) XXX-XX-7344	7 Name of employer VISA TECHNOLOGY & OPERATIONS LLC		8 Employer identification number (EIN) 74-3076018	
3 Street address (including apartment no.) 12440 ALAMEDA TRACE CIRCLE APT 1418			9 Street address (including room or suite no.) PO BOX 8999		10 Contact telephone number 855-314-4222	
4 City or town AUSTIN	5 State or province TX	6 Country and ZIP or foreign postal code US 78727	11 City or town SAN FRANCISCO	12 State or province CA	13 Country and ZIP or foreign postal code US 94128	

<b>Part II Employee Offer of Coverage</b>													
Employee's Age on January 1: <span style="margin-left: 100px;">Plan Start Month (enter 2-digit number): 01</span>													
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2022)

<b>Part III Covered Individuals</b>																	
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	
18	ELISON MARSHAL TUSCANO	XXX-XX-7344									X	X	X	X	X	X	X
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