

**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) <b>SURYA NARAYANA PARITALA</b>		2 Social security number (SSN) <b>XXX-XX-6722</b>		7 Name of employer <b>ORACLE AMERICA, INC</b>	
3 Street address (including apartment no.) <b>436 BOYNTON AVENUE APT 239</b>		9 Street address (including room or suite no.) <b>500 ORACLE PARKWAY US BENEFITS</b>		8 Employer identification number (EIN) <b>94-2805249</b>	
4 City or town <b>SAN JOSE</b>		5 State or province <b>CA</b>		10 Contact telephone number <b>650-506-9800</b>	
6 Country and ZIP or foreign postal code <b>US 95117</b>		11 City or town <b>REDWOOD SHORES</b>		12 State or province <b>CA</b>	
		13 Country and ZIP or foreign postal code <b>US 94065</b>			

<b>Part II Employee Offer of Coverage</b>		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)		1H	1E	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$ 34.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2C	2B	2A	2A	2A	2A	2A	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)

<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	SURYA NARAYANA PARITALA		XXX-XX-6722			X	X	X									
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