

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

CORRECTED

2022

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) Jhansi Gayam		2 Social security number (SSN) XXX-XX-3230		7 Name of employer Evolent Health LLC		8 Employer identification number (EIN) 26-0014405	
3 Street address (including apartment no.) 818 PLAYERS COURT		5 State or province TN		9 Street address (including room or suite no.) 675 Placentia Avenue Suite 300		10 Contact telephone number 5712106946	
4 City or town Nashville		6 Country and ZIP or foreign postal code US 37211		11 City or town Brea		12 State or province CA	
		13 Country and ZIP or foreign postal code US 92821					

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1A													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 Zip Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.



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	Jhansi Gayam	XXX-XX-3230		X												
19	Aadvika L Gavva	XXX-XX-5492		X												
20	Advyth R Gavva	XXX-XX-8717		X												
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