

Form 1095-C Department of the Treasury Internal Revenue Service

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

OMB No. 1545-2251 2022

Part I Employee

1 Name of employee... 2 Social security number... 3 Street address... 4 City or town... 5 State or province... 6 Country and ZIP or foreign postal code... 7 Name of employer... 8 Employer identification number... 9 Street address... 10 Contact telephone number... 11 City or town... 12 State or province... 13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage

Table with columns for months (Jan-Dec) and rows for Offer of Coverage (1A, 2C) and Employee Contribution (see instructions).

Part III Covered Individuals

Table for covered individuals with columns for months (Jan-Dec) and rows for individual information (17-22).