

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

1 Name of employee (first name, middle initial, last name) LALITH AKHILESH PAVANI		2 Social security number (SSN) XXX-XX-8132	7 Name of employer FIDELITY TECHNOLOGY GROUP LLC		8 Employer identification number (EIN) 20-8636067
3 Street address (including apartment no.) 8225 PERIDOT DR APT 104			9 Street address (including room or suite no.) 245 SUMMER ST.		10 Contact telephone number 8553144222
4 City or town MCLEAN	5 State or province VA	6 Country and ZIP or foreign postal code US 22102	11 City or town BOSTON	12 State or province MA	13 Country and ZIP or foreign postal code US 02210-1129

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)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1E		1E	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 119.17	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2A	2A	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)

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	LALITH AKHILESH PAVANI	XXX-XX-8132			X													
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↑ AFTER REMOVING SIDE EDGES, FOLD AND TEAR THIS STUB ALONG PERFORATION ↑