

# Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

VOID  
 CORRECTED

600120  
 OMB No. 1545-2251  
**2022**

## Part I Employee

1 Name of employee (first name, middle initial, last name) Seshidhar Amarapalli		2 Social security number (SSN) 024-69-5061
3 Street address (including apartment no.) 1056 MOSCARIELLO LANE		
4 City or town ROYERSFORD	5 State or province PA	6 Country and ZIP or foreign postal code 19468

## Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1H	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)			\$0.00	\$0.00	\$0.00	\$0.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2C	2C	2C	2C
17 ZIP Code						

## Part III Covered Individuals

If Employer Provided self-insured coverage

check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

## Applicable Large Employer Member (Employer)

7 Name of employer West Creek Financial		8 Employer Identification Number (EIN) 47-1176879
9 Street address (including room or suite no.) 424 Hull Street, Suite 600		10 Contact Telephone Number (804) 215-4780
11 City or town Richmond	12 State or province VA	13 Country and ZIP or foreign postal code 23058

Employee's Age on January 1: Plan Start Month: 06

June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1E	1E	1E	1H	1H
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
2C	2C	2C	2C	2C	2A	2A

(e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Form **1095-C** (2022)

West Creek Financial  
 424 Hull Street, Suite 600  
 Richmond, VA 23058

146338 651 \*\*1095-C\*\*  
 Seshidhar Amarapalli  
 1056 MOSCARIELLO LANE  
 ROYERSFORD, PA 19468