

# 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.

VOID  
 CORRECTED

**2022**

<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>			
1 Name of employee (first name, middle initial, last name) SAMIR SONI		2 Social security number (SSN) XXX-XX-1759		7 Name of employer HORIZON HEALTHCARE SERVICES INC		8 Employer identification number (EIN) 22-0999690	
3 Street address (including apartment no.) 47 CUMBERLAND RD				9 Street address (including room or suite no.) 3 PENN PLAZA EAST		10 Contact telephone number 9734668364	
4 City or town PISCATAWAY		5 State or province NJ		6 Country and ZIP or foreign postal code US 08854		11 City or town NEWARK	
				12 State or province NJ		13 Country and ZIP or foreign postal code US 07105	

Part II Employee Offer of Coverage	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	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1E																										
15 Employee Required Contribution (see instructions) \$ 132.76	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C																										
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				<input checked="" type="checkbox"/> 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	SAMIR SONI	XXX-XX-1759		X																					
19	KIARA SONI	XXX-XX-9024		X																					
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