600120

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.

OMB No. 1545-2251

**2022**

## Part I Employee

| 1 Name of employee (first name, middle initial, last name) | | 2 Social security number (SSN) |
|---|---|---|
| HARI HARAN | MOTE | ***-**-0096 |

| 3 Street address (including apartment no.) | | |
|---|---|---|
| 3933 RAVENSFIELD DR | | |
| **4 City or town** | **5 State or province** | **6 Country and ZIP or foreign postal code** |
| CANTON | MI | 48188-7925 |

## Applicable Large Employer Member (Employer)

| 7 Name of employer | | 8 Employer identification number (EIN) |
|---|---|---|
| AUTOSYSTEMS AMERICA INC. | | 76-0728660 |
| **9 Street address (including room or suite no.)** | | **10 Contact telephone number** |
| 300 PHILLIPS AVE | | (248) 631-1100 |
| **11 City or town** | **12 State or province** | **13 Country and ZIP or foreign postal code** |
| TOLEDO | OH | 43612 |

## 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 Offer of Coverage (enter required code) | | 1G | 1G | 1G | 1G | 1G | 1G | 1G | 1G | 1G | 1G | 1G | 1G |
| 15 Employee Required Contribution (see instructions) | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | | | | | | | | | | | | |
| 17 ZIP Code | | | | | | | | | | | | | |

## 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. [X]

| | (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 | Hari Haran | | Mote | ***-**-0096 | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☒ | ☒ | ☒ |
| 19 | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20 | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 21 | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22 | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23 | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

Form **1095-C** (2022)

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