

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at 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) Kiran Kumar Vasireddy		2 Social security number (SSN) 371-31-3797
3 Street address (including apartment no.) 6 Woodstream DR		
4 City or town Chesterbrook	5 State or province PA	6 Country and ZIP or foreign postal code 19087

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)	1E					
15 Employee Required Contribution (see instructions)	\$25.00					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	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 Kiran Kumar Vasireddy	371-31-3797	08/26/1975	<input checked="" type="checkbox"/>
19 Naga Jyothi Killari	364-33-7077	05/02/1980	<input checked="" type="checkbox"/>
20 Meghanadh Vasireddy	376-33-7577	10/20/2006	<input checked="" type="checkbox"/>
21 Mokshagna Vasireddy	886-10-2747	04/10/2013	<input checked="" type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

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

Applicable Large Employer Member (Employer)

7 Name of employer Ellucian Company LP		8 Employer Identification Number (EIN) 45-3767548
9 Street address (including room or suite no.) 4 Country View Rd		10 Contact Telephone Number 800-223-7036
11 City or town Malvern	12 State or province PA	13 Country and ZIP or foreign postal code 19355

Employee's Age on January 1: _____ Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec

(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"/>
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<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"/>

Form **1095-C** (2022)

46759 165980000 **1095-C**
 Kiran Kumar Vasireddy
 6 Woodstream DR
 Chesterbrook, PA 19087

Ellucian Company LP
 4 Country View Rd
 Malvern, PA 19355