☐ Void ☐ Corrected

OMB No. 1545-2251 **2022** Form **1095-C**

600120 Employer Provided Health Insurance Offer and Coverage

APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

ROBLOX CORPORATION
970 PARK PLACE
SUITE 100
SAN MATEO, CA 94403
(877)255-3591

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Do not attach to your tax return. Keep for your records. Go to www.irs.gov/form1095c for instructions and the latest information.

EMPLOYEE'S name, address, ZIP/Postal code & Country

HEMANTH NAGARJUN KETHINENI
5 FELLA PL UNIT#302
SAN FRANCISCO, CA 94108 US

APPLICABLE LARGE EMPLOYER'S identification number (EIN)
20-0991664

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

Employee Offer of Coverage

Plan Start Mo. (Enter 2-digit no.)	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see Instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 Zip Code
01				
All 12 Months	1A	$	2C	
Jan		$		
Feb		$		
Mar		$		
Apr		$		
May		$		
Jun		$		
Jul		$		
Aug		$		
Sep		$		
Oct		$		
Nov		$		
Dec		$		

EMPLOYEE'S Social Security Number (SSN)
XXX-XX-6498

EMPLOYEE'S Age on Jan 1

Department of the Treasury - IRS

Covered Individuals If Employer provided self-insured coverage, check the box and enter information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of the covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 mos.	(e) Months of Coverage Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18	Hemanth Nagarjun Kethineni	XXX-XX-6498		☒												
19	Sree Prathipati	XXX-XX-1834	06/30/1992									☒	☒	☒	☒	☒
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Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

TIP: *Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.*

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, visit *www.irs.gov/ACA* or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

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