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VIJAYAKUMAR MADINI
81 BELMONT AVE
PLAINVIEW NY 11803-5244

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600120

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-2251

2022

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records
Go to www.irs.gov/Form1095C for instructions and the latest information.

| | | | | | | | | |
|--|--|---|---|---|---------------------------|--|---|--|
| Part I Employee | | | | Applicable Large Employer Member (Employer) | | | | |
| 1 Name of employee (first name, middle initial, last name) Vijayakumar Madini | | 2 Social security number (SSN) xxx-xx-9507 | | 7 Name of employer Broadridge Investor Communication Solutions Inc | | 8 Employer identification number (EIN) 22-3844417 | | |
| 3 Street address (including apartment no.) 81 Belmont Ave | | | | 9 Street address (including apartment no.) Two Gateway Center | | 10 Contact telephone number 6312748154 | | |
| 4 City or town Plainview | | 5 State or province NY | 6 Country and ZIP or foreign postal code USA 11803 | | 11 City or town Newark | 12 State or province NJ | 13 Country and ZIP or foreign postal code US 07102 | |

| | | | | | | | | | | | | | |
|---|---------------|-----|-----|------------------------------------|-----|-----|-----|-----|-----------------------------|------|-----|-----|-----|
| Part II Employee Offer and Coverage | | | | Employee's Age on January 1 | | | | | Plan Start Month: 01 | | | | |
| 14 Offer of Coverage (enter required code) | All 12 Months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
| | | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1H | 1H | 1H |
| 15 Employee Required Contribution (see instructions) | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2G | 2G | 2A | 2A | 2A |
| 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

| (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 | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | |
| 18 Vijayakumar Madini | xxx-xx-9507 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 AMRUTHA MADINI | xxx-xx-4156 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 ARULMOZHINAR ARASU | xxx-xx-2612 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 BHAVANA MADINI | xxx-xx-0549 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | <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"/> |
| 23 | | | <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"/> |
| 24 | | | <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"/> |
| 25 | | | <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"/> |
| 26 | | | <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.

Cat. No. 60705M

Form 1095-C (2022)



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| | | | | | | | |
|---|----------------------------------|--|--|--|---|--|---|
| Part I Employee | | 2 Social security number (SSN) ***-**-2612 | Applicable Large Employer Member (Employer) | | | | 8 Employer identification number (EIN) 81-4386138 |
| Name of employee (first name, middle initial, last name) ARUL MOZHI NANGAI ARASU | | 7 Name of employer WOLTERS KLUWER R&D U.S. LP | | 9 Street address (including room or suite no.) WOLTERS KLUWER UNITED STATES INC 20101 HAMILTON AVE SUITE 225 | | 10 Contact telephone number 866-520-3280 | |
| Street address (including apartment no.) 31 BELMONT AVE | | 6 Country and ZIP or foreign postal code 11803 | 11 City or town TORRANCE | 12 State or province CA | 13 Country and ZIP or foreign postal code 90502 | | |
| City or town PLAINVIEW | 5 State or province NY | | | | | | |

| Part II Employee Offer of Coverage | | Employee's Age on January 1 | | | | | | | | | | | | Plan Start Month (enter 2-digit number): 01 | |
|---|---------------|------------------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--|--|
| Offer of Coverage (enter required code) | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | |
| | | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A | |
| Employee Required Contribution (see instructions) | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Section 4980H Harbor and Other Relief (enter code, if applicable) | | 2G | 2G | 2G | 2G | 2G | 2G | 2G | 2G | 2G | 2C | 2C | 2C | 2C | |
| ZIP Code | | | | | | | | | | | | | | | |

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

Cat. No. 60705M

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.

| | (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 | ARUL MOZHI NANGAI ARASU | ***-**-2612 | | | | | | | | | | | X | X | X | X | X |
| 19 | AMRUTHA MADINI | ***-**-4156 | | | | | | | | | | | X | X | X | X | X |
| 20 | BHAVANA MADINI | ***-**-0549 | | | | | | | | | | | X | X | X | X | X |
| 21 | VIJAYAKUMAR MADINI | ***-**-9507 | | | | | | | | | | | X | X | X | X | X |
| 22 | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | |