

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.

Part I Employee

1 Name of employee (first name, middle initial, last name)
 CHEENNA KESAVA REDDY | BAVANNASI | 2 Social security number (SSN)
 *****-4309

3 Street address (including apartment no.)
 2023 POLOVIEW PL

4 City or town
 LOUISVILLE | 5 State or province
 KY | 6 Country and ZIP or foreign postal code
 40245-3304

7 Name of employer
 UPS WORLDWIDE FORWARDING, INC

8 Employer identification number (EIN)
 06-1245051

9 Street address (including room or suite no.)
 55 GLENLAKE PARKWAY NE | 10 Contact telephone number
 ATLANTA | (404) 828-7799

11 City or town
 ATLANTA | 12 State or province
 GA | 13 Country and ZIP or foreign postal code
 30328

Applicable Large Employer Member (Employee)

14 Other of Coverage (enter required code)	Employee Offer of Coverage												15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code
	Employee's Age on January 1														
	Plan Start Month (enter 2-digit number): 01														
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	\$		16.87
2A	2A	2A	2A	2A	2A	2A	2A	2D	2D	2C	2C	2C	\$		16.87

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.

18	19	20	21	22	23	(a) Months of coverage												
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
CHEENNA KESAVA REDD	BAVANNASI	*****-4309				<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BRAHMANI	NELAVALLI	*****-4311				<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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