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		Dharshan Karthick	Harikrishna	Rajeswari	THIYAGARAJAN	(a) Name of or First name, mic	Faiti III Covere	ě	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see instructions)	Coverage (enter required code)		Pari III Employ	15	4 City or town	1245 GALLATIN WAY	THIYAGARAJAN	Later Employee	Internal Revenue Service	Form 1095-C
		Thiyagarajan	Arumugampillai Thi	Rajasubramanian	ARUMUGAM PILLAI	(a) Name of covered individual(s) First name, middle initial, last name	Covered Individuals If Employer provided self-Insure		2C	€	1A	All 12 Months Jan	Employee Offer of Coverage	GA	5 State or province	WAY	THIYAGARAJAN ARUMUGAM Strong of July 1881 name, middle initial, last name) ARUMUGAM	yee	0	
		****-**-6483	****-7157	****_**_1217	****-**-4796	(b) SSN or other TIN	d coverage		20		1A	Feb		A			AM PILLAI		Go to wwn	oyer-Pr
		6483	-7157	-1217	-4796	other TIN (c) DOB (ii SSN or other TIN is not available)	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee		2C	↔	1A	Mar	Employee's Age on January 1		6 Countr		2 Social security number (SSN) ****-**-4796	a Coold possible	Do not attach to your tax return. Keep for your records. w.irs.gov/Form1095C for instructions and the latest inf	ovided I
									2C	€	1 _A	Apr		30024-1240	and ZID or forei				m1095C for i	lealth in
						other (d) Covered ble) all 12 months	er the inform		2C	69	1A	May	s Age on J	-	6 Country and ZIP or foreign postal code		96 (SSN)		Go to www.irs.gov/Form1095C for instructions and the latest information.	Employer-Provided Health Insurance Offer and
		×	×	×	×	ed ths Jan	ation for	12.	2C	69	1A	June	anuary	HERMITAGE	11 City or town	9 Street address (including room or suite no.)	Name of employer DELOITTE CONSULT	4	and the lat	e Offe
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		×	×	×	×	Oct	·P		2C		Â	Nov .	201	13 Country and ZIP or foreign postal code 37076_2003	212) 492-4705	10 Contact telephone number	8 Employer identification number (EIN) 06-1454513		%	OMB No. 1545-2251
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