Form **1095-C**

Department of the Treasury
Internal Revenue Service

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.

☐ VOID
☐ CORRECTED

600120

OMB No. 1545-2251

2022

Part I Employee

		Applicable Large Employer Member (Employer)	
1 Name of employee Navyatha Erukulla	**2** Social security number (SSN) ***-**-3049	**7** Name of employer The Federal Home Loan Mortgage Corporation	**8** Employer identification number (EIN) 52-0904874
3 Street address (including apartment no.) 42497 Rough Rock Court		**9** Street address (including room or suite no.) 8200 Jones Branch Drive	**10** Contact telephone number (800)-431-2363
4 City or town Chantilly	**5** State or province VA	**11** City or town Mclean	**12** State or province VA
6 Country and ZIP or foreign postal code 20152		**13** Country and ZIP or foreign postal code 22102 USA	

Part II Employee Offer and Coverage

Employee's Age on January 1: ___

Plan Start Month (Enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1A												
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2G												
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)	(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
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

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