

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

600120
 OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name) Shrimat U Gothivarekar		2 Social security number (SSN) 715-15-7173
3 Street address (including apartment no.) 1450 East Summit Street Apt 208		
4 City or town Kent	5 State or province OH	6 Country and ZIP or foreign postal code 44240

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1H
15 Employee Required Contribution (see instructions)						
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2A
17 ZIP Code						

Part III Covered Individuals

If Employer Provided self-insured coverage check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer Lordstown Motors Corp		8 Employer Identification Number (EIN) 83-4612250
9 Street address (including room or suite no.) 2300 Hallock Young Rd		10 Contact Telephone Number (513) 344-7039
11 City or town Lordstown	12 State or province OH	13 Country and ZIP or foreign postal code 44481

Employee's Age on January 1

Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec
1H	1H	1H	1H	1H	1H	1H
2A	2A	2A	2A	2A	2A	2A

(e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<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"/>	<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"/>	<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"/>	<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.

Form **1095-C** (2022)

Lordstown Motors Corp
 2300 Hallock Young Rd
 Lordstown, OH 44481

88629 1077 **1095-C**
 Shrimat Gothivarekar
 1450 East Summit Street Apt 208
 Kent, OH 44240