

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

OMB No. 1545-0047 600120
2022

Part I Employee

2 Social security number (SSN)
***-**-8758

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN)
55-6000842

1 Name of employee (first name, middle initial, last name) PRAJAKTA V KADAM			7 Name of employer STATE OF WEST VIRGINIA DBA WEST VIRGINIA UNIVERSITY		
3 Street address (including apartment no.) 775 CHESTNUT RIDGE ROAD A202			9 Street address (including room or suite no.) ONE WATERFRONT PLACE PO BOX 6005		
4 City or town MORGANTOWN		5 State or province WV	6 Country and ZIP or foreign postal code 26505	11 City or town MORGANTOWN	12 State or province WV
			10 Contact telephone number 304-841-0784		
			13 Country and ZIP or foreign postal code 26506		

Part II Employee Offer of Coverage

Employee's Age on January 1 **26**

Plan Start Month (enter 2-digit number): **07**

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
			1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2022)

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		
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