

Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) RAMYA KODURU RAGHU KUMAR		2 Social security number (SSN) XXX-XX-8617		7 Name of employer ORACLE AMERICA, INC		8 Employer identification number (EIN) 94-2805249	
3 Street address (including apartment no.) 910 DEERFIELD CROSSING DR, APT 11309				9 Street address (including room or suite no.) 500 ORACLE PARKWAY US BENEFITS			
4 City or town ALPHARETTA		5 State or province GA		6 Country and ZIP or foreign postal code US 30004		10 Contact telephone number 650-506-9800	
				11 City or town REDWOOD SHORES		12 State or province CA	
				13 Country and ZIP or foreign postal code US 94065			

Part II Employee Offer of Coverage

Employee's Age on January 1:

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

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	15 Employee Required Contribution (see instructions)		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)				\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00
17 ZIP Code		2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

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	
18	RAMYA KODURU RAGHU KUMAR	XXX-XX-8617			X	X	X	X	X	X	X	X	X	X	X	X	X
19	BHASKAR YALLANURU	XXX-XX-3734			X	X	X	X	X	X	X	X	X	X	X	X	X
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