

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. 1545-2251 600120

2022

Part I Employee		2 Social security number (SSN) ***-**-1186		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-2695416	
1 Name of employee (first name, middle initial, last name) ANISH DAITA				7 Name of employer ZIMMER INC			
3 Street address (including apartment no.) 220 CHURCH HILL DOWNS DR				9 Street address (including room or suite no.) 345 E MAIN STREET		10 Contact telephone number 877-588-0933	
4 City or town WARSAW		5 State or province IN		6 Country and ZIP or foreign postal code 46582		11 City or town WARSAW	
				12 State or province IN		13 Country and ZIP or foreign postal code 46590	

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	
		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	
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. <input checked="" type="checkbox"/>																
18	(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
	ANISH DAITA	***-**-1186			X	X	X	X	X	X	X	X	X	X	X	X
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																