

Cigniti Technologies Inc  
 433 E Las Colinas Blvd, #1300  
 Irving TX, 75039

Brahannayaki Ramakrishnan  
 4315 Glenirish Dr  
 Katy, TX 77494

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

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CORRECTED

OMB No. 1545-2251

2023

Part I Employee				Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name) <b>Brahannayaki Ramakrishnan</b>		2 Social security number (SSN) <b>693-16-0578</b>		7 Name of employer <b>Cigniti Technologies Inc</b>				8 Employer identification number (EIN) <b>47-1176261</b>					
3 Street address (including apartment no.) <b>4315 Glenirish Dr</b>				9 Street address (including room or suite no.) <b>433 E Las Colinas Blvd, #1300</b>				10 Contact telephone number <b>972-756-0622 x164</b>					
4 City or town <b>Katy</b>		5 State or province <b>TX</b>		6 Country and ZIP or foreign postal code <b>US 77494</b>		11 City or town <b>Irving</b>		12 State or province <b>TX</b>		13 Country and ZIP or foreign postal code <b>US 75039</b>			
Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (Enter 2-digit number): <b>11</b>				
14 Offer of Coverage (Enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1A												
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
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) 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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