

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 60012C
2023

Part I Employee

1 Name of employee (first name, middle initial, last name) ANIL KUMAR GUDIMETLA		2 Social security number (SSN) ***-**-4512		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-4994650	
3 Street address (including apartment no.) 230 MESSENGER WAY		6 Country and ZIP or foreign postal code 43035		7 Name of employer JPMORGAN CHASE BANK, NA		10 Contact telephone number 877-576-2427	
4 City or town LEWIS CENTER		8 State or province OH		9 Street address (including room or suite no.) 1111 POLARIS PARKWAY		11 City or town COLUMBUS	
5 State or province OH		6 Country and ZIP or foreign postal code 43035		12 State or province OH		13 Country and ZIP or foreign postal code 43240	

Part II Employee Offer of Coverage

	All 12 Months	Employee's Age on January 1												
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66	\$ 190.66
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	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.

(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 ANIL KUMAR GUDIMETLA	***-**-4512			X	X	X	X	X	X	X	X	X	X	X	X	X
19 MADHURI GUDIMETLA	***-**-9045			X	X	X	X	X	X	X	X	X	X	X	X	X
20 MANVITH GUDIMETLA	***-**-3812			X	X	X	X	X	X	X	X	X	X	X	X	X
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