

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

2023

Employer identification number (EIN)
31-0841368

Part I Employee

1 Name of employee (first name, middle initial, last name) NAGARJUN REDDY MANDADI		2 Social security number (SSN) ***-**-7175		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 31-0841368	
3 Street address (including apartment no.) 152 GRENACHE CT		6 Country and ZIP or foreign postal code 63368		9 Street address (including room or suite no.) 4000 WEST BROADWAY		10 Contact telephone number 800-806-7009	
4 City or town O'FALLON	5 State or province MO	6 Country and ZIP or foreign postal code 63368		11 City or town ROBBINSDALE	12 State or province MN	13 Country and ZIP or foreign postal code 55422-2212	

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$ 92.92	\$ 92.92	\$ 92.92	\$ 92.92	\$ 92.92	\$ 92.92	\$ 92.92	\$ 92.92	\$ 92.92	\$ 92.92	\$ 92.92	\$ 92.92
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													

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

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

Cat. No. 60705M

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 NAGARJUN REDDY MANDADI	***-**-7175			X	X	X	X	X	X	X	X	X	X	X	X	X
19 ARCHANA GONDI	***-**-0214			X	X	X	X	X	X	X	X	X	X	X	X	X
20 AYANSH NANDAN R MANDADI	***-**-1014			X	X	X	X	X	X	X	X	X	X	X	X	X
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