

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 600320
2023

Part I Employee		2 Social security number (SSN) 4784	Applicable Large Employer Member (Employer)				8 Employer identification number (EIN) 81-3818716
1 Name of employee (first name, middle initial, last name) MOHAMMED FAYAJ NAVAZ		7 Name of employer ELECTRIFY AMERICA		9 Street address (including room or suite no.) 1950 OPPORTUNITY WAY		10 Contact telephone number 844-279-7891	
3 Street address (including apartment no.) 50598 AMBERWOOD RD		6 Country and ZIP or foreign postal code 48188		11 City or town RESTON		13 Country and ZIP or foreign postal code 20190	
4 City or town CANTON	5 State or province MI	12 State or province VA		13 Country and ZIP or foreign postal code 20190			

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2D	2C	2C	2C			
17 ZIP Code																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

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.				(e) Months of coverage													
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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
19	AALIYAH MOHAMMED FAYAJ	***-**-1346													X	X	X
20	FIRDOUS FAROOQUE SHAIKH	***-**-9417													X	X	X
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	