

# 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.

VOID  
 CORRECTED

OMB No. 1545-2251 **600320**

**2023**

<b>Part I Employee</b>		2 Social security number (SSN) ***-**-2336	Applicable Large Employer Member (Employer)				8 Employer identification number (EIN) 91-1874389
1 Name of employee (first name, middle initial, last name) SAI KRISHNA PAVAN NAKIRIKANTI		7 Name of employer SEAGEN INC		9 Street address (including room or suite no.) 21823 30TH DRIVE SOUTHEAST		10 Contact telephone number 425-527-4000	
3 Street address (including apartment no.) 230 MARION RD		6 Country and ZIP or foreign postal code 37174	11 City or town BOTHELL	12 State or province WA	13 Country and ZIP or foreign postal code 98021		
4 City or town SPRINGHILL	5 State or province TN			Plan Start Month (enter 2-digit number): 01			

14 Offer of Coverage (enter required code)	Employee's Age on January 1 29												Plan Start Month (enter 2-digit number): 01					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions) \$ 22.00																		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 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	SAI KRISHNA PAVAN NAKIRIKANTI	***-**-2336		X														
19	NAVYA GAYATRI KRISHN KAKUMANU		1997-05-22	X														
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