

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 600120
2023

Part I Employee

1 Name of employee (first name, middle initial, last name) MOUNIKA VELURI		2 Social security number (SSN) ***-**-7101	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 27-3572632
3 Street address (including apartment no.) 71 WOODLAND TRL		7 Name of employer DFS CORPORATE SERVICES LLC		9 Street address (including room or suite no.) 2500 LAKE COOK ROAD	
4 City or town LINCOLNSHIRE	5 State or province IL	6 Country and ZIP or foreign postal code 60069	11 City or town RIVERWOODS	12 State or province IL	13 Country and ZIP or foreign postal code 60015
14 Offer of Coverage (enter required code)			15 Employee Required Contribution (see instructions)		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)			17 ZIP Code		

Part II Employee Offer of Coverage

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
1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17	\$ 127.17
2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

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.

	(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	MOUNIKA VELURI	***-**-7101			X	X	X	X	X	X	X	X	X	X	X	X	X
19	DEEKSHA VALAPALA	***-**-9071			X	X	X	X	X	X	X	X	X	X	X	X	X
20	DEVAANSHI VALAPALA	***-**-3154			X	X	X	X	X	X	X	X	X	X	X	X	X
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