

**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.

**Part I Employee**

1 Name of employee (first name, middle initial, last name) **SREE MOHNIKA PERICHERLA**

2 Social security number (SSN) **\*\*\*-\*\*-8485**

3 Street address (including apartment no.) **42263 THORTON RIVER PL  
CHANTILLY VA**

4 City or town **CHANTILLY VA**

5 State or province **VA**

6 Country and ZIP or foreign postal code **20152**

7 Name of employer **THE TERMINIX INTL CO LP**

8 Street address (including room or suite no.) **150 PEABODY PLACE**

9 City or town **MEMPHIS TN**

10 State or province **TN**

**Part II Employee Offer of Coverage**

Employee's Age on January 1 **29**

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug
14 Offer of Coverage (enter required code) 1A								
15 Employee Required Contribution (see instructions) \$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Self, Spouse, and Other Relief (enter code, if applicable)								
17 ZIP Code								

Call No. 800705M  
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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 cover-**

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN (SSN or other TIN is not available)	(c) DOB (if SSN or other TIN is not available)	(d) Coverage all 12 months
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