

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.

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Part I Employee		2 Social security number (SSN) ***-**-6813	Applicable Large Employer Member (Employer)			8 Employer identification number (EIN) 31-1343192
1 Name of employee (first name, middle initial, last name) MANOJ KUMAR REDDY GOPU		7 Name of employer EXPERTIAN INFORMATION SOLUTIONS INC.				
3 Street address (including apartment no.) 10636 SMOKY OAK TRL		9 Street address (including room or suite no.) 475 ANTON BLVD			10 Contact telephone number 866-520-3284	
4 City or town ARGYLE	5 State or province TX	6 Country and ZIP or foreign postal code 76226	11 City or town COSTA MESA	12 State or province CA	13 Country and ZIP or foreign postal code 92626	

Part II Employee Offer of Coverage		Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01					
14 Offer of Coverage (enter required code)	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	
15 Employee Required Contribution (see instructions)	\$	\$ 177.40	\$ 177.40	\$ 177.40	\$ 177.40	\$ 177.40	\$ 177.40	\$ 177.40	\$ 177.40	\$ 177.40	\$ 177.40	\$ 177.40	\$ 177.40	
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														

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		
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