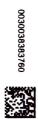
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												Hanish	(a) Name of covered individual(s) First name, middle initial, last name	If Employ
													covered in iddle initia	yer prov
												Nair	dividual(s) il, last name	ided self-insured
												XXX-XX-8087	(b) SSN or other TIN	If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.
													(c) DOB (if SSN or other TIN (d) Covered is not available) all 12 months	and enter the inforr
												×	d (d) Covered all 12 months	mation for ea
													Jan	ach indiv
													Feb	/idual er
													Mar	nolled i
													Apr	n covera
													May (e	ge, inclu
													(e) Months of coverage	iding the
													July	e emplo
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													Sept	1
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