

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

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) SANTHOSH P NAIR		2 Social security number (SSN) XXX-XX-9861		7 Name of employer COSTCO WHOLESALE CORPORATION		8 Employer identification number (EIN) 91-1223280	
3 Street address (including apartment no.) 414 210TH ST SE				9 Street address (including room or suite no.) 999 LAKE DRIVE		10 Contact telephone number 800-541-6205	
4 City or town BOTHELL		5 State or province WA		6 Country and ZIP or foreign postal code US 98021		11 City or town ISSAQUAH	
				12 State or province WA		13 Country and ZIP or foreign postal code US 98027	

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
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 43.33	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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. <input checked="" type="checkbox"/>																		
	(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	SANTHOSH P NAIR	XXX-XX-9861		X														
19	LATHA CHANDRAN	XXX-XX-2230		X														
20	GOVIND S NAIR	XXX-XX-8025		X														
21	GAYATRI S NAIR	XXX-XX-4578		X														
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		