



AA5PNA95CPY0000011886A424B865

044996 RO9MZW01 AA5 8888 CB068 000008587
 PRADEEP PASALA
 8962 BIRCH RUN DR
 PARKER, CO 80134

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

VOID
 CORRECTED

OMB No. 1545-2251

2023

Form **1095-C**
 Department of the Treasury
 Internal Revenue Service

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.

Part I Employee				Applicable Large Employer Member (Employer)							
1 Name of employee (first name, middle initial, last name) PRADEEP PASALA				2 Social security number (SSN) XXX-XX-2606		7 Name of employer CAPGEMINI AMERICA INC			8 Employer identification number (EIN) 22-2575929		
3 Street address (including apartment no.) 8962 BIRCH RUN DR				9 Street address (including room or suite no.) 333 WEST WACKER SUITE 300			10 Contact telephone number 877-736-7534				
4 City or town PARKER		5 State or province CO		6 Country and ZIP or foreign postal code USA 80134		11 City or town CHICAGO		12 State or province IL		13 Country and ZIP or foreign postal code USA 60606	

14 Offer of Coverage (enter required code)	15 Employee Offer of Coverage												16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)											
	All 12 Months	Employee's Age on January 1			Plan Start Month (enter 2-digit number): 01																			
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	\$	\$	\$ 45.38	\$ 45.38	\$ 45.38	\$ 45.38	\$ 45.38	\$ 45.38	\$ 45.38	\$ 45.38	\$ 45.38	\$ 45.38
	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C												

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	PRADEEP PASALA	XXX-XX-2606		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	SHRIHAN PASALA	XXX-XX-7505		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	LOHITHA POLEPALLI	XXX-XX-8160		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S 044996 RO9MZW01 044996E