

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.

2023

VOID CORRECTED

Employee Offer of Coverage

Applicable Large Employer Member
 Employer's name, street address, city or town, state or province,
 country and ZIP or foreign postal code and telephone number
 Kinaxis Corp
 111 W Jackson Blvd
 Suite 1700
 Chicago, IL 60604
 (613) 592-5780

Plan Start Month (enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code
04				
All 12 Months		\$		
Jan	1H	\$	2D	
Feb	1E	\$ 90.00	2C	
Mar	1E	\$ 90.00	2C	
Apr	1E	\$ 92.70	2C	
May	1E	\$ 92.70	2C	
June	1E	\$ 92.70	2C	
July	1E	\$ 92.70	2C	
Aug	1E	\$ 92.70	2C	
Sept	1E	\$ 92.70	2C	
Oct	1E	\$ 92.70	2C	
Nov	1E	\$ 92.70	2C	
Dec	1E	\$ 92.70	2C	

Employer identification number (EIN):
 04-3130818

Employee
 Employee's name (first, middle initial, last, suffix) street address, city or town, state or province, country and ZIP or foreign postal code
 DHAIRYA PATEL
 401 NORTHWEST HIGHWAY
 APT 3129
 IRVING, TX 75039

Social security number (SSN):
 ***-**-7396

Employee Age on January 1

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 and suffix	(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																	
19																	
20																	
21																	
22																	
23																	