

Employer-Provided Health Insurance Offer and Coverage

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

2023

Part I Employee

1 Name of employee (first name, middle initial, last name) **HARI HARAN** | 2 Social security number (SSN) ******-**-0096**

3 Street address (including apartment no.) **3933 RAVENSFIELD DR** | 4 City or town **CANTON** | 5 State or province **MI** | 6 Country and ZIP or foreign postal code **48188-7925**

7 Name of employer **AUTOSYSTEMS AMERICA INC.** | 8 Employer identification number (EIN) **76-0728660**

9 Street address (including room or suite no.) **300 PHILLIPS AVE** | 10 Contact telephone number **(248) 631-1100**

11 City or town **TOLEDO** | 12 State or province **OH** | 13 Country and ZIP or foreign postal code **43612**

Part II Employee Offer of Coverage

| 14 Offer of Coverage (enter required code) | Employee's Age on January 1 | | | | | | | | | | | | 15 Employee Required Contribution (see instructions) | 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | 17 ZIP 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 | 1E | \$ 89.14 | 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.

| 18 Name of covered individual(s) First name, middle initial, last name | 19 Note | 20 SSN or other TIN | 21 DOB (if SSN or other TIN is not available) | 22 Covered all 12 months | 23 Months of coverage | | | | | | | | | | | |
|---|---------|---------------------|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| Hari Haran | | ****-**-0096 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
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