

Employer-Provided Health Insurance Offer and Coverage
Information about Form 1095-C and its separate instructions
is at www.irs.gov/form1095c

VOID
 CORRECTED

600120
OMB No. 1545-2251

2023

Part I Employee

1 Name of employee (first name, middle initial, last name)
Sounish Moley

2 Social security number (SSN)
330-27-7530

3 Street address (including apartment no.)
777 Klayani way

4 City or town sanford

5 State or province
NC

6 Country and ZIP or foreign postal code
27330

Part II Employee Offer of Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)		\$137.71	\$137.71	\$137.71	\$137.71	\$137.71
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C
17 ZIP Code						

Part III Covered Individuals if Employer Provided self-insured coverage

check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Applicable Large Employer Member (Employer)

7 Name of employer
BHARAT FORGE ALUMINUM USA INC

8 Employer Identification Number (EIN)
84-3325014

9 Street address (including room or suite no.)
2105 Schmiede St

10 Contact Telephone Number
(423) 444-6150

11 City or town Surgoineville

12 State or province
TN

13 Country and ZIP or foreign postal code
37873

Employee's Age on January 1

Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1H	1H	1H	1H	1H
\$137.71	\$137.71					
2C	2C	2A	2A	2A	2A	2A

(e) Months of Coverage											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<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"/>
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