

Employer Provided Health Insurance Offer and Coverage

Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Plan Start Mo. (enter 2-digit no.):	Employee Offer of Coverage		Employee's Age on January 1	
	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
All 12 Months		\$		
Jan		\$		
Feb		\$		
Mar		\$		
Apr		\$		
May		\$		
June		\$		
July		\$		
Aug		\$		
Sept		\$		
Oct		\$		
Nov		\$		
Dec		\$		

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

Department of the Treasury -- IRS

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

EMPLOYEE'S First name, middle name, last name, street address (including apartment no.), city or town, state or province, country, ZIP or foreign postal code

APPLICABLE LARGE EMPLOYER'S identification number (EIN)

EMPLOYEE'S social security number (SSN)

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 mos.	(e) Months of coverage															
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