

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.

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 CORRECTED

OMB No. 1545-2251 **600120**
2023

Part I Employee		2 Social security number (SSN) ***-**-6381		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 26-3305132	
1 Name of employee (first name, middle initial, last name) SARAVANA GANESH				7 Name of employer RANDSTAD DIGITAL LLC			
3 Street address (including apartment no.) 855 JENNIFER LANE				9 Street address (including room or suite no.) 3625 CUMBERLAND BLVD SUITE 600			
4 City or town HIGH POINT		5 State or province NC		6 Country and ZIP or foreign postal code 27265		11 City or town ATLANTA	
						12 State or province GA	
				10 Contact telephone number 855-594-6213			
				13 Country and ZIP or foreign postal code 30339			

Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1K	1K	1K	1K	1K	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 177.84	\$ 177.84	\$ 177.84	\$ 177.84	\$ 177.84	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2B	2A	2A	2A	2A	2A	2A
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2023)

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. <input checked="" type="checkbox"/>																
(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 SARAVANA GANESH	***-**-6381			X	X	X	X	X	X							
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