

Form **1095-C**
Department of the Treasury
Internal Revenue Service

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.

VOID

CORRECTED

OMB No. 1545-2251

2023

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) JAYUN PATEL		2 Social security number (SSN) XXX-XX-2156		7 Name of employer ELLUMEN, INC.		8 Employer identification number (EIN) 20-8631543	
3 Street address (including apartment no.) 100 S GEORGE ST				9 Street address (including room or suite no.) 8403 COLESVILLE RD STE 340		10 Contact telephone number 2406414572	
4 City or town CUMBERLAND		5 State or province MD		6 Country and ZIP or foreign postal code US 21502-3044		11 City or town SILVER SPRING	
				12 State or province MD		13 Country and ZIP or foreign postal code US 20910-3352	

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)		1H	1H	1H	1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

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

Cat. No. 60705M

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