

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.

Part I Employee						Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name) NARENDRER RAMASAHAYAM			2 Social security number (SSN) ****-**-3689			7 Name of employer SALESFORCE.COM INC			8 Employer identification number (EIN) 94-3320693		
3 Street address (including apartment no.) 301 FLAX LN						9 Street address (including room or suite no.) 415 MISSION STREET			10 Contact telephone number (855) 376-5627		
4 City or town SAN RAMON		5 State or province CA		6 Country and ZIP or foreign postal code 94582-5562		11 City or town SAN FRANCISCO		12 State or province CA		13 Country and ZIP or foreign postal code 94105	

14 Offer of Coverage (enter required code)	15 Employee Offer of Coverage												16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	17 ZIP Code			
1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
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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 months	(e) Months of coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	Narendr Ramasahayam	****-**-3689		<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"/>	<input checked="" type="checkbox"/>
19	Laxmi Teja	Gottimukkula	****-**-7843	<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"/>	<input checked="" type="checkbox"/>
20	Aadhya	Ramasahayam	****-**-9579	<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"/>	<input checked="" type="checkbox"/>
21				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Part I Employee		2 Social security number (SSN) ***-**-7843		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 36-2085229					
1 Name of employee (first name, middle initial, last name) LAXMI TEJA GOTTIMUKKULA				7 Name of employer BMO BANK NA							
3 Street address (including apartment no.) 301 FLAX LN				9 Street address (including room or suite no.) 111 W MONROE				10 Contact telephone number 888-927-7700			
4 City or town SAN RAMON		5 State or province CA		6 Country and ZIP or foreign postal code 94582		11 City or town CHICAGO		12 State or province IL		13 Country and ZIP or foreign postal code 60603	

14 Offer of Coverage (enter required code)		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	
15 Employee Required Contribution (see instructions)		\$	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50	\$ 163.50
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)			2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H
17 ZIP Code															

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