

# Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://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) Kamna   L   Sreejith		2 Social security number (SSN) 513-45-4763
3 Street address (including apartment no.) 1083 Shell Blvd APT 4		
4 City or town Foster City	5 State or province CA	6 Country and ZIP or foreign postal code 94404

## 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)		\$296.36	\$296.36	\$296.36	\$296.36	\$296.36
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2G	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"/>

## Applicable Large Employer Member (Employer)

7 Name of employer TrueBinding INC		8 Employer Identification Number (EIN) 47-5573420
9 Street address (including room or suite no.) 300 Lincoln Centre Dr 200		10 Contact Telephone Number (650) 847-1117
11 City or town Foster City	12 State or province CA	13 Country and ZIP or foreign postal code 94404

## Employee's Age on January 1

Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1E	1E	1E	1H	1H
\$296.36	\$296.36	\$296.36	\$296.36	\$296.36		
2C	2G	2C	2C	2C	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"/>
<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Form **1095-C** (2023)

106292 111 \*\*1095-C\*\*  
 Kamna Sreejith  
 1083 Shell Blvd  
 APT 4  
 Foster City, CA 94404

TrueBinding INC  
 300 Lincoln Centre Dr 200  
 Foster City, CA 94404