

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) Sai Sannihitha Bandarupalli				2 Social security number (SSN) XXX-XX-6958			7 Name of employer Edwards Lifesciences LLC			8 Employer identification number (EIN) 36-4345053				
3 Street address (including apartment no.) 19545 Hanging Rock Rd				9 Street address (including room or suite no.) One Edwards Way						10 Contact telephone number 800-955-1237				
4 City or town Lake Elsinore		5 State or province CA		6 Country and ZIP or foreign postal code US 92532			11 City or town Irvine			12 State or province CA		13 Country and ZIP or foreign postal code 92614		
Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (enter 2-digit number): 1					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1H	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													2A	
17 ZIP Code														

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

Cat. No. 60705M

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