

# Employer-Provided Health Insurance Offer and Coverage

VOID  
 CORRECTED

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

- ▶ Do not attach to your tax return. Keep for your records.
- ▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

Goken America LLC  
5100 Parkcenter Avenue  
Dublin, OH 43017

January 24, 2024

## PART I Employee

## Applicable Large Employer Member (Employer)

|  |                           |   |  |                            |  |
|--|---------------------------|---|--|----------------------------|--|
| 1 Name of Employee (first name, middle initial, last name)<br>Rutuja Karampure |                           | 2 Social security number (SSN)<br>***-**-1267     | 7 Name of employer<br>Goken America LLC                                  |                            | 8 Employer identification number (EIN)<br>20-1705287 |
| 3 Street Address (including apartment no)<br>7352 Clover Park Way              |                           |   | 9 Street address (including room or suite no.)<br>5100 Parkcenter Avenue |                            | 10 Contact telephone number<br>614-451-8100          |
| 4 City or town<br>Dublin   | 5 State or province<br>OH | 6 Country and Zip or foreign postal code<br>43016 | 11 City or town<br>Dublin  | 12 State or province<br>OH | 13 Country and ZIP or foreign postal code<br>43017   |

## PART II Employee Offer and Coverage

Employee's Age on January 1: 26

Plan Start Month(enter 2-digit number): 01

| 14 Offer of Coverage (enter required code)                                | All 12 Months | January | February | March | April | May | June | July | August  | September | October | November | December |
|---|---------------|---------|----------|-------|-------|-----|------|------|---------|-----------|---------|----------|----------|
|   |               |         | 1H       | 1H    | 1H    | 1H  | 1H   | 1H   | 1H      | 1E        | 1E      | 1E       | 1E       |
| 15 Employee Required Contribution (see instructions)                      | \$            | \$      | \$       | \$    | \$    | \$  | \$   | \$   | \$ 0.00 | \$ 0.00   | \$ 0.00 | \$ 0.00  | \$ 0.00  |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |               | 2A      | 2A       | 2A    | 2A    | 2A  | 2A   | 2D   | 2C      | 2C        | 2C      | 2C       | 2C       |
| 17 ZIP Code   |               |         |          |       |       |     |      |      |         |           |         |          |          |

Rutuja Karampure  
7352 Clover Park Way  
Dublin, OH 43016

## PART III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual enrolled in coverage, including the employee.

| (a) Name of covered individual(s)<br>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                      | Sep                      | Oct                      | Nov                      | Dec                      |
| 18   |                      |  | <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"/> |
| 19   |                      |  | <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"/> |
| 20   |                      |  | <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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 24   |                      |  | <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"/> |
| 25   |                      |  | <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"/> |
| 26   |                      |  | <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"/> |
| 27   |                      |  | <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"/> |
| 28   |                      |  | <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"/> |
| 29   |                      |  | <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"/> |

