

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-0047 **600120**
2023

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		2 Social security number (SSN) ***-**-5162		Applicable Large Employer Member (Employer)		6 Employer identification number (EIN) 77-0545987	
1 Name of employee (first name, middle initial, last name) KRISHNA CHAITANYA GORANTLA				7 Name of employer SEAGATE US LLC			
3 Street address (including apartment no.) 685 SUNDANCE CIR				9 Street address (including room or suite no.) 389 DISC DR		10 Contact telephone number 877-844-3333	
4 City or town ERIE		5 State or province CO		8 Country and ZIP or foreign postal code 80516		11 City or town LONGMONT	
				12 State or province CO		13 Country and ZIP or foreign postal code 80503	

Part II Employee Offer of Coverage		Employee's Age on January 1 37												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)	1A															
15 Employee Required Contribution (see instructions)		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C															
17 ZIP Code																

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 KRISHNA CHAITANYA GORANTLA	***-**-5162		X													
19 KAVYA ANUSHA REDDY BOMMAREDDY	***-**-2606		X													
20 SAHISHNA GORANTLA	***-**-0206		X													
21 SAITVI GORANTLA	***-**-9433		X													
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