

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

Part I Employee		2 Social security number (SSN) ***-**-7419	Applicable Large Employer Member (Employer)				8 Employer identification number (EIN) 26-0116361
1 Name of employee (first name, middle initial, last name) CHAKRADHAR KALIVARAPU		7 Name of employer MORGAN STANLEY SERVICES GROUP INC,		9 Street address (including room or suite no.) 750 7TH AVE 6TH FLOOR - PAYROLL		10 Contact telephone number 877-674-7411	
3 Street address (including apartment no.) 2770 PORT BOW LANE		6 Country and ZIP or foreign postal code 30041	11 City or town NEW YORK	12 State or province NY	13 Country and ZIP or foreign postal code 10019-6800		
4 City or town CUMMING	5 State or province GA						

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		
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

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. <input checked="" type="checkbox"/>				(e) Months of coverage												
18	(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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
					CHAKRADHAR KALIVARAPU	***-**-7419			X	X	X	X	X	X	X	X
RIDHI KALIVARAPU	***-**-5221				X	X	X	X	X	X	X	X	X	X	X	X
RISHAN KALIVARAPU	***-**-7897				X	X	X	X	X	X	X	X	X	X	X	X
SWAPNA KALIVARAPU	***-**-8419				X	X	X	X	X	X	X	X	X	X	X	X
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