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Department of the Treasury Internal Revenue Service Form 1095-C

Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records.

OMB No. 1545-2251

021009

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 14 Offer of Coverage (enter required code) 1 Name of employee (first name, middle initial, last name)
SAIPREETHEESH PASUPULETI Contribution (see instructions) 2617 W ROYAL LN APT 2308 3 Street address (including apartment no.) 15 Employee RVING Part I Employee 17 ZIP Code Required Part II Employee Offer of Coverage 4 City or town All 12 Months 5 State or province 165.30 \$ Jan 2C Ħ ¥ Go to www.irs.gov/Form1095C for instructions and the latest information. Feb 165.30 \$ 2C Æ 2 Social security number (SSN) 165.30 \$ Mar 6 Country and ZIP or foreign postal code 2C 市 Employee's Age on January 1 ****-**-8381 75063-7331 165.30 \$ Apr 亩 2C May 165.30 S 2C 亩 11 City or town 379 THORNALL ST 4TH FLOOR 9 Street address (including room or suite no.) 7 Name of employer EDISON TATA AMERICA INTERNATIONAL CORP June 165.30 2C Æ Applicable Large Employer Member (Employer) G 165.30 \$ 亩 γub 2C 12 State or province Plan Start Month (enter 2-digit number): 01 Aug 165.30 \$ 市 20 Sept 165.30 亩 2C G 165.30 亩 S 20 13 Country and ZIP or foreign postal code 8 Employer identification number (EIN) 10 Contact telephone number G (866) 502-2494 13-2805758 165.30 Æ 20 ₽ V U Dec 165.30 2C Ħ

		Part I
(a) Name of covered individual(s)	If Employer provided self-insured coverage, check the box and enter the information for each individual en	Para III Covered Individuals
(b) SSN or other TIN	coverage, check th	
(b) SSN or other TIN (c) DOB (if SSN or other (d) Covered	e box and enter the	
(d) Covered (e) Months of coverage	ie information for each individual enrolled in coverage, including the employee	
	×	L

	lkshvak	Ashwat Vivas	sweety	SAIPREETHEESH		(a) Name of covered individual(s) First name, middle initial, last name
	Pasupuleti	Pasupuleti	pasupuleti	PASUPULETI		initial, last name
				****_**-8381		(b) SSN or other TIN
	2018-03-15	2015-09-18	1991-06-19			(c) DOB (if SSN or other (d) Covered TIN is not available) all 12 months
						all 12 months
	×	×	×	×	di	3
	×	×	×	×	760	}
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	×	×	×	\times	Apr	
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	×	×	×	×	June	Months o
	×	×	×	×	July	(e) Months of coverage
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	×	×	×	×	Dec	

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