

# Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

VOID  
 CORRECTED

600120  
 OMB No. 1545-2251

**2023**

## Part I Employee

1 Name of employee (first name, middle initial, last name) Abhilash Veeraiahgari		2 Social security number (SSN) 715-87-3141
3 Street address (including apartment no.) 14015 N 94th ST APT 3011		
4 City or town Scottsdale	5 State or province AZ	6 Country and ZIP or foreign postal code 85260

## Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)	1E					
15 Employee Required Contribution (see instructions)	\$137.67					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2F	2F	2F	2F	2F
17 ZIP Code						

## Part III Covered Individuals

If Employer Provided self-insured coverage

check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

## Applicable Large Employer Member (Employer)

7 Name of employer INTRAEDGE INC		8 Employer Identification Number (EIN) 81-0574547
9 Street address (including room or suite no.) 5660 W Chandler Blvd, Ste 1		10 Contact Telephone Number (480) 240-5238
11 City or town Chandler	12 State or province AZ	13 Country and ZIP or foreign postal code 85226

Employee's Age on January 1: Plan Start Month: 01

June	July	Aug	Sept	Oct	Nov	Dec
2C	2C	2C	2C	2C	2C	2C

### (e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Form **1095-C** (2023)

85198 76295 \*\*1095-C\*\*  
 Abhilash Veeraiahgari  
 14015 N 94th ST APT 3011  
 Scottsdale, AZ 85260

INTRAEDGE INC  
 5660 W Chandler Blvd, Ste 1  
 Chandler, AZ 85226