

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

GMB No. 1545-2251 600120
2023

Part I Employee				Applicable Large Employer Member (Employer)				
1 Name of employee (first name, middle initial, last name) SUNIL K OMMI			2 Social security number (SSN) XXX-XX-7824		7 Name of employer CONCENTRIX CVG CUSTOMER MANAGEMENT GROUP INC.			8 Employer identification number (EIN) 31-1260729
3 Street address (including apartment no.) 18458 134TH ST SE				9 Street address (including room or suite no.) 201 E FOURTH STREET				10 Contact telephone number 8332694748
4 City or town MONROE		5 State or province WA	6 Country and ZIP or foreign postal code US 98272		11 City or town CINCINNATI		12 State or province OH	13 Country and ZIP or foreign postal code US 45202

Part II Employee Offer of Coverage													
Employee's Age on January 1: _____ Plan Start Month (enter 2-digit number): 01													
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1E												
15 Employee Required Contribution (see instructions)	\$ 61.81	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	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"/>																
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	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	SUNIL K OMMI	XXX-XX-7824		X												
	SUSHMA NAGARAJ	XXX-XX-5443						X	X	X	X	X	X	X	X	X
	SHARONGRACE OMMI	XXX-XX-6490						X	X	X	X	X	X	X	X	X
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