

**Employer-Provided Health Insurance Offer and Coverage**

Do not attach to your tax return. Keep for your records.  
 Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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<b>Part I Employee</b>			<b>Applicable Large Employer Member (Employer)</b>									
1 Name of employee Harish Kumar Shenishetty			2 Social security number (SSN) ***-**-6451		7 Name of employer The Federal Home Loan Mortgage Corporati			8 Employer identification number (EIN) 52-0904874				
3 Street address (including apartment no.) 1511 Mineral Point Place			9 Street address (including room or suite no.) 8200 Jones Branch Drive			10 Contact telephone number (800)-431-2363						
4 City or town Melissa		5 State or province TX		6 Country and ZIP or foreign postal code 75454		11 City or town Mclean		12 State or province VA		13 Country and ZIP or foreign postal code 22102 USA		

<b>Part II Employee Offer and Coverage</b>	<b>Employee's Age on January 1:</b>												<b>Plan Start Month (Enter 2-digit number):</b> 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1E	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 130.19
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2D	2C	
17 ZIP Code															

<b>Part III Covered Individuals</b>																
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"/>																
	(a) Name of covered individual(s)	(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	Harish Kumar Shenishetty	***-**-6451	06/16/1991												X	
19	Parneetha Shresty Chinta	***-**-5176	07/21/1993												X	
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