

IDEMIA AMERICA CORP  
523 JAMES HANCE CT  
EXTON, PA 19341



038810 RO9MY801 MRS 0030 BFE7B 000000428  
SOMYAPRAVA MOHAPATRA  
43061 PONY TRUCK TERRACE  
ASHBURN, VA 20147

\*MRSPNA95CP90000014298A419A538\*

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

### 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.

VOID

OMB No. 1545-2251

CORRECTED

2023

<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>			
1 Name of employee (first name, middle initial, last name) <b>SOMYAPRAVA MOHAPATRA</b>		2 Social security number (SSN) <b>XXX-XX-9279</b>		7 Name of employer <b>IDEMIA AMERICA CORP</b>		8 Employer identification number (EIN) <b>58-2492543</b>	
3 Street address (including apartment no.) <b>43061 PONY TRUCK TERRACE</b>				9 Street address (including room or suite no.) <b>523 JAMES HANCE CT</b>			
4 City or town <b>ASHBURN</b>		5 State or province <b>VA</b>		6 Country and ZIP or foreign postal code <b>USA 20147</b>		10 Contact telephone number <b>310-884-7999</b>	
11 City or town <b>EXTON</b>		12 State or province <b>PA</b>		13 Country and ZIP or foreign postal code <b>USA 19341</b>			

14 Offer of Coverage (enter required code)	15 Employee Offer of Coverage												16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
	\$	\$	\$	\$ 88.35	\$ 88.35	\$ 88.35	\$ 88.35	\$ 88.35	\$ 88.35	\$ 88.35	\$ 88.35	\$ 88.35	\$ 88.35	\$ 88.35	\$ 88.35
		2A	2D	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H

**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.

(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
18			<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"/>
19			<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"/>
20			<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"/>
21			<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"/>
22			<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"/>
23			<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"/>

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