

CAPGEMINI AMERICA INC
333 WEST WACKER SUITE 300
CHICAGO, IL 60606



\*AA5PNA95CPY0000018642A424B865\*

046738 RO9MZW01 AA5 8888 CB068 000010329
SARASWATHI SEEMAKURTHI
1911 CANYON LN
MELISSA, TX 75454

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

600120

VOID

CORRECTED

OMB No. 1545-2251

2023

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 for instructions and the latest information.

Part I Employee
Applicable Large Employer Member (Employer)
1 Name of employee (first name, middle initial, last name) SARASWATHI SEEMAKURTHI
2 Social security number (SSN) XXX-XX-5650
7 Name of employer CAPGEMINI AMERICA INC
8 Employer identification number (EIN) 22-2575929
3 Street address (including apartment no.) 1911 CANYON LN
9 Street address (including room or suite no.) 333 WEST WACKER SUITE 300
10 Contact telephone number 877-736-7534
4 City or town MELISSA
5 State or province TX
6 Country and ZIP or foreign postal code USA 75454
11 City or town CHICAGO
12 State or province IL
13 Country and ZIP or foreign postal code USA 60606

Part II Employee Offer of Coverage
Employee's Age on January 1
Plan Start Month (enter 2-digit number): 01
Table with columns for months (All 12 Months, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec) and rows for Offer of Coverage (14), Employee Required Contribution (15), and Section 4980H Safe Harbor and Other Relief (16).

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. [X]

Table with columns for individual information (Name, SSN, DOB, Covered all 12 months) and months of coverage (Jan-Dec). Rows include SARASWATHI SEEMAKURTHI, ATHARV D RAVVA, RAKESH RAVVA, and empty rows.

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