

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

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) DAYANA BARRE		2 Social security number (SSN) XXX-XX-6292		7 Name of employer SENTARA HEALTHCARE		8 Employer identification number (EIN) 52-1271901	
3 Street address (including apartment no.) 1805 MORAVIAN WALK				9 Street address (including room or suite no.) 6015 POPLAR HALL DRIVE SUITE 314			
4 City or town CHESAPEAKE		5 State or province VA		6 Country and ZIP or foreign postal code US 23323		10 Contact telephone number 757-455-7744	
				11 City or town NORFOLK		12 State or province VA	
				13 Country and ZIP or foreign postal code US 23502			

Part II Employee Offer of Coverage	Employee's Age on January 1:												Plan Start Month (enter 2-digit number): 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	1E	1E	1E	1E	1E	1E		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$ 92.34	\$ 92.34	\$ 92.34	\$ 92.34	\$ 92.34	\$ 92.34	\$ 92.34	\$ 92.34
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2D	2C	2C	2C	2C	2C	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"/>																	
	(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	DAYANA BARRE	XXX-XX-6292										X	X	X	X	X	X
19	SASHA K MUTYALA	XXX-XX-8423										X	X	X	X	X	X
20	SANTOSH K MUTYALA	XXX-XX-8166										X	X	X	X	X	X
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