

## 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  
 CORRECTED

OMB No. 1545-0047 **600320**  
**2023**

|  |                           |  |   |  |
|--|---------------------------|--|---|--|
| <b>Part I Employee</b>   |                           | 2 Social security number (SSN)<br>***-**-0005                                  | Applicable Large Employer Member (Employer) | 8 Employer identification number (EIN)<br>13-3640390 |
| 1 Name of employee (first name, middle initial, last name)<br>ABHIJAY SHUKLA |                           | 7 Name of employer<br>CITIBANK NA  |   | 10 Contact telephone number<br>800-881-3938          |
| 3 Street address (including apartment no.)<br>39 HIGH STREET APT 304         |                           | 9 Street address (including room or suite no.)<br>3800 CITIGROUP CENTER DR A-3 |   | 13 Country and ZIP or foreign postal code<br>33610   |
| 4 City or town<br>JERSEY CITY  | 5 State or province<br>NJ | 6 Country and ZIP or foreign postal code<br>07306                              | 11 City or town<br>TAMPA                    | 12 State or province<br>FL                           |

| 14 Offer of Coverage (enter required code)                                | 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   |    |    |
| 15 Employee Required Contribution (see instructions)                      | \$                          | \$  | \$  | \$  | \$  | \$  | \$   | \$   | \$  | \$   | \$  | \$  | \$  | \$ | \$ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |                             | 2A  | 2A  | 2A  | 2A  | 2A  | 2A   | 2A   | 2A  | 2D   | 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.

| 18 (a) Name of covered individual(s)<br>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 |   |   |
| ABHIJAY SHUKLA  | ***-**-0005          |  |                           |                        |     |     |     |     |      |      |     |      |     | X   | X   | X | X |
| 19  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 20  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 21  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 22  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 23  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 24  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 25  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 26  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 27  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 28  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 29  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |
| 30  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |   |   |