

Employer-Provided Health Insurance Offer and Coverage

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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		2 Social security number (SSN) ***-**-3917	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 74-2099724
1 Name of employee (first name, middle initial, last name) KRUTIKA R DESAI			7 Name of employer UNITED AIRLINES, INC.		
3 Street address (including apartment no.) 1761 RUZICH DRIVE			9 Street address (including room or suite no.) 233 S. WACKER DRIVE 14TH FLOOR-HDQCT		10 Contact telephone number 800-651-1007
4 City or town BARTLETT	5 State or province IL	6 Country and ZIP or foreign postal code 60103	11 City or town CHICAGO	12 State or province IL	13 Country and ZIP or foreign postal code 60606

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)		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H (Self-Harbor and Other Relief) (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

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 KRUTIKA R DESAI	***-**-3917			X	X	X	X	X	X	X	X	X	X	X	X	X
19 NILESH PATEL	***-**-7629			X	X	X	X	X	X	X	X	X	X	X	X	X
20 RAYA N PATEL	***-**-7469				X	X	X	X	X	X	X	X	X	X	X	X
21 TRIYAN PATEL	***-**-7942			X	X	X	X	X	X	X	X	X	X	X	X	X
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