

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

OMB No. 1545-2251
2023

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) NIHAR RANJAN		2 Social security number (SSN) PATTNAIK ***-**-8264		7 Name of employer CGI Technologies and Solutions Inc		8 Employer identification number (EIN) 54-0856778	
3 Street address (including apartment no.) 36 YORKSHIRE TERRACE				9 Street address (including room or suite no.) 11325 Random Hills Rd		10 Contact telephone number	
4 City or town SHREWSBURY		5 State or province MA		6 Country and ZIP or foreign postal code US 01545		11 City or town Fairfax	
				12 State or province VA		13 Country and ZIP or foreign postal code 22030	

14 Offer of Coverage (enter required code)	Employee Age's 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)		1A	1A	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A
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. <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 NIHAR RANJAN	PATTNAIK	- ***-**-8264		X	X											
19 BIRAJA LAXMI	BOHIDAR	1985-02-26		X	X											
20 SUVAN RANJAN	PATTNAIK	2008-09-08		X	X											