

# 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. 1545-2251 600120  
**2023**

<b>Part I Employee</b>		2 Social security number (SSN) ***-**-8264		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 62-1463468	
Name of employee (first name, middle initial, last name) NIHAR PATTNAIK				7 Name of employer ASURION INSURANCE SERVICES			
Street address (including apartment no.) 36 YORKSHIRE TERRACE APT 10				9 Street address (including room or suite no.) 22894 PACIFIC BLVD		10 Contact telephone number 844-968-6278	
City or town SHREWSBURY		5 State or province MA	6 Country and ZIP or foreign postal code 01545		11 City or town STERLING	12 State or province VA	13 Country and ZIP or foreign postal code 20166

Employee 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		
i Offer of Coverage		1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
i Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
i Section 4980H Life Harbor and Other Benefit (enter code, if applicable)		2A	2B	2G	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
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	
8																
9																
0																
1																
2																
3																
4																
5																
6																
7																
8																
9																
0																

