

# 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.

**Applicable Large Employer Member (Employee)**

**Part I** Employee  
1 Name of employee (first name, middle initial, last name)

2 Social security number (SSN)

7 Name of employer

8 Employer identification number (EIN)

KAUSHAL PRAYAKARAO

XXX-XX-1710

DRIV Automotive Inc.

83-4117479

3 Street address (including apartment no.)

9 Street address (including room or suite no.)

10 Contact telephone number

8031 QUINCY DR

7450 N McCormick Blvd  
Skokie

844-249-6992

4 City or town

6 Country and ZIP or foreign postal code

11 City or town

12 State or province

13 Country and ZIP or foreign postal code

WESTLAND

MI

US 48185

Skokie

IL

US 60076

**Part II** Employee Offer of Coverage

Employee's Age on January 1

37

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)

1E

1E

1E

1E

1E

1E

1E

1E

1E

1E

1E

15 Employee Required Contribution (see instructions)

\$

\$171.36

\$171.36

\$171.36

\$171.36

\$171.36

\$171.36

\$171.36

\$171.36

\$171.36

\$171.36

\$171.36

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)

2C

2C

2C

2C

2C

2C

2C

2C

2C

2C

2C

**Part III** Covered Individuals

If Employee 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	KAUSHAL PRAYAKARAO Rajini Reddy	XXX-XX-1710		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Kusunkunla	XXX-XX-9721		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Arjuna Sudhanva Reddy Prayakarao		2021-10-14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>