

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.

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Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) SIDDARTH SUHAS HAVERISHETTAR		2 Social security number (SSN) XXX-XX-8021		7 Name of employer GENUINE PARTS COMPANY		8 Employer identification number (EIN) 58-0254510	
3 Street address (including apartment no.) 1385 THORNBOROUGH DRIVE				9 Street address (including room or suite no.) 2999 WILDWOOD PKWY		10 Contact telephone number 844-305-9663	
4 City or town ALPHARETTA		5 State or province GA		6 Country and ZIP or foreign postal code US 30004		11 City or town ATLANTA	
				12 State or province GA		13 Country and ZIP or foreign postal code US 30339	

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)			1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E		
15 Employee Required Contribution (see instructions)		\$	\$	\$	\$	\$	\$	\$	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)			2A	2A	2A	2A	2D	2D	2C	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. <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 SIDDARTH SUHAS HAVERISHETTAR	XXX-XX-8021											X	X	X	X	X	X
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