APPLICABLE LARGE EMPLOYER'S name, address, and telephone no. HONORHEALTH 8125 N HAYDEN RD SCOTTSDALE AZ 85258					Employee Offer of Coverage Employee's Age on January 1										-	nan	lov	OF
				Plan Start Month (enter 2-digit no.):	14 Offer of Coverage	of 15 Employee			16 Section 4980H Safe Harbor				7 ZII	ode	Provided Health Insurance Offer and Coverage			ed th ce nd
	All 12 Months																	
	Jan	1A					20	2										
	Feb	1A	2C								For Privacy Act and							
EMPLOYEE'S name and address NEETU JOSHI 3230 W VISTA BONITA DR PHOENIX AZ 85027				Mar	1A		2C											
				Apr	1A	2C							Paperwork					
				May	1A		2C							Reduction				
THOUNAL BOOZY			Jun	1A					20					Act Notice,				
				Jul	1A		2C							see separate instructions.				
Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the			Aug	1A					20									
latest information.				Sep	1A					20	,							
APPLICABLE LARGE EMPLOYER'S EIN EMPLOYE				Oct	1A		2C											
				Nov	1A		2C							CAA				
86-0181654	XXX-XX-8584			Dec	1A	1A 2C								Department of Treasury - IRS				
Covered Individuals If Employer provi	ided self-ins	ured cover	rage, check the	box and enter the in	nformation for e	each indi	vidual	enrol	ed in	cove	rage i	inclu	dina	the	mnlo	WOO		X
(a) Name of covered individual(s) First name, middle initial, last name (b) SSN or other TIN		(a) DOD (S O	SN or other	(d)			(e) Months of cov						yee.					
		TIN is not		Covered	red nos. Jan Feb Mar Apr N									Oct	Novi	Do		
8 NEETU JOSHI		X	XX-XX-8584	and the second s	John	12 11100	X				THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN	X	X	X	yeh!	V	V	X
9 Lyra Joshi			XX-XX-2795				X	Х				X	Y	Y	Y	V	V	
0 Geet Joshi			XX-XX-2473				X		Х			X	X	Y	V	V	V	74
1 RAJIV JOSHI 2			XX-XX-7415					^	74	^	^			X	X	X	X	X
23																		