

Employer-Provided Health Insurance Offer and Coverage
Information about Form 1095-C and its separate instructions
is at www.irs.gov/form1095c

VOID
 CORRECTED

600117
OMB No. 1545-2251

2019

Part I Employee

1 Name of employee (first name, middle initial, last name) Kishore K Kolla		2 Social security number (SSN) 274-04-7437
3 Street address (including apartment no.) 5310 Rustic Ct.		
4 City or town Cumming	5 State or province GA	6 Country and ZIP or foreign postal code 30040

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)						
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2D	2D

Part III Covered Individuals If Employer Provided self-insured coverage

check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
17			<input type="checkbox"/>
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Applicable Large Employer Member (Employer)

7 Name of employer Primus Software Corporation		8 Employer Identification Number (EIN) 58-2227043
9 Street address (including room or suite no.) 3061 Peachtree Ind Blvd 110		10 Contact Telephone Number (770) 300-0004
11 City or town Duluth	12 State or province GA	13 Country and ZIP or foreign postal code 30097

	June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1E	1E	1E	1E	1E	1E
\$232.12	\$232.12	\$232.12	\$232.12	\$232.12	\$232.12	\$232.12	\$232.12
2F	2F	2F	2F	2F	2F	2F	2F

(e) Months of Coverage											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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