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CAPGEMINI AMERICA INC 333 WEST WACKER DR 300 CHICAGO, IL 60606



AA5PNA95CPQ000000041A424A478

030014 RO9M7W01 AA5 8888 NG335 000006268 SANDIPBHAI P LAKHANI 827 POTOMAC RD ATLANTA, GA 30338

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600117

1005	6	Empl	over-Prov	ided I	Haalth Inc	urance	Offer	and	Cove	rade			/OID			OMB No.	1545-22	51	
Form 1093-U		Employer-Provided Health Insurance Do not attach to your tax return. Keep						for your records.						ECTE		2017			
Internal Revenue Se	ructions an	s and the latest information. Applicable Large Employer Member (Employer)																	
Part I Emp				1			* N		******	_arge	Emplo	yer M	ember			1.1 - AIP		. (FIA A	
1 Name of employee 2 Social security number (SSM) SANDIPBHAI P LAKHANI XXX-XX-6864																Employer identification number (EIM)			
3 Street address (including apartment no.)								9 Street address (including room or suite no.)							22-2575929 10 Contact telephone number				
827 POTON		nent no.)					33 WE					0		11	877-7	,			
4 City or town 5 State or province						190				12 8	12 State or province			1;	13 Country and ZIP or foreign postal code				
ATLANTA					SA 30338		CHICAGO				<u> </u>			L	USA 60606				
Part II Emp	loyee Off	er of Coverag	je				Plan Sta	art Mo	nth (En	ter 2-0	ligit num	nber): 0	1		,				
	All 12 Months	Jan	Feb	Mar	Apr	May	June		July		Aug	Se	pt	Oc		Nov	1	Dec	
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E		1E 1E		1E		1E		1E		1H	
15 Employee Required Contribution (see				**															
instructions)	\$	\$ 64.81	64.81	64.8	1 \$ 64.81 \$	64.81	\$ 64	.81\$	64.	81\$	64.81	\$ 6	4.81	64	1.81 \$	64.8	18		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C			2C	2C		2C		2C		2A	
CONTRACTOR	ered Indiv ployer prov		ed coverage, c	heck the	box and enter			each in	dividual	enrolle		~ .		w	employ	ee. X			
(a) Name of covered individual(s) 17SANDIPBHAI P LAKHANI 18JIGNASHA LAKHANI			(b) SSN or other TIN XXX-XX-6864		(c) DOB (IF SSN or other TIN is not available)	(d) Covered all 12 months		Feb	Mar	Apr	May) Months June	July	Aug	Sept	Oct	Nov	Dec	
				Automote Lincolnearpoir september	07/21/1986		X	X	X	X	X	X	X	X	X				
19YASHI LAKHANI				THE PRINCE PROPERTY AND ASSOCIATION ASSOCI	06/13/2014		X	X	X	X	X	X	X	X	X				
20				70,000															
21				The control of the co															
22	algrands aller grands and a second and a second			And the second s															
For Privacy Act s	and Manager	al. Dedication A	at Matina ann a					-	- L			4	1			Face	1005	C (2017)	