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CORRECTED

OMB No. 1545-2251

2017

Form 1095-C

Employer Provided Health Insurance Offer and Coverage

**Part I** APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

NEXTEER AUTOMOTIVE CORPORATION  
1209 ORANGE STREET  
WILMINGTON DE 19801

CONTACT TELEPHONE NO. 989-757-4364 EXT 4364

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.

EMPLOYEE'S name, address, ZIP/postal code & country

GURPREET SINGH  
494 TIMBERLEA DR APT 114  
ROCHESTER HILLS, MI 48309

APPLICABLE LARGE EMPLOYER'S identification number (EIN)  
26-1668808

EMPLOYEE'S social security number (SSN)  
XXX-XX-0037

**Part II Employee Offer of Coverage**

Plan Start Mo. (Enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Required Contribution(see instructions)	16 Section 4980H Safe Harbor and Other Relief(enter code, if applicable)
01			
All 12 Months		\$	
Jan	1E	\$ 21.88	2C
Feb	1E	\$ 21.88	2C
Mar	1E	\$ 21.88	2C
Apr	1E	\$ 21.88	2C
May	1E	\$ 21.88	2C
June	1E	\$ 21.88	2C
July	1E	\$ 21.88	2C
Aug	1E	\$ 21.88	2C
Sept	1E	\$ 21.88	2C
Oct	1E	\$ 21.88	2C
Nov	1E	\$ 21.88	2C
Dec	1E	\$ 21.88	2C

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

Department of the Treasury -- IRS

**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.

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 mos.	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17 GURPREET SINGH	XXX-XX-0037			X	X	X	X	X	X	X	X	X	X	X	X	X
18 RAVINDER KAUR		04/13/1986		X	X	X	X	X	X	X	X	X	X	X	X	X
19 JAPMANN KAUR		11/27/2010		X	X	X	X	X	X	X	X	X	X	X	X	X
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