

Part I

Employee

1 Name of employee
Sajana Sebastian

2 Social security number (SSN)
843-30-5161

3 Street address (including apartment no.)
303 Rayburn Street, APT 528

4 City or town
Lafayette

5 State or province
LA

6 Country and ZIP or foreign postal code
70506

Part II

Employee Offer and Coverage

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

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 individuals	(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"/>

Applicable Large Employer Member (Employer)

7 Name of employer
VLINK INC

8 Employer identification number (EIN)
22-9634633

9 Street address (including room or suite no.)
701 John Fitch Blvd.
(860) 247-1400

11 City or town
South Windsor

12 State or province
CT

13 Country and ZIP or foreign postal code
06074

June	July	Aug	Sept	Oct	Nov	Dec
1A	1A	1A	1A	1A	1H	1H
2C	2C	2C	2C	2C	2B	2A

(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"/>
<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"/>

