

VOID 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.**General Electric Company**

PO Box 5000

Schenectady NY 12301-

800/252-5259

▶ 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 &amp; country

**Sundhararajan Nagarajan**

5845 Zelkova Dr

Cumming GA 30040

APPLICABLE LARGE EMPLOYER'S identification number (EIN)

**14-0689340**

EMPLOYEE'S social security number (SSN)

**XXX-XX-0974****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)

All 12 Months

Jan

Feb

Mar

Apr

May

June

July

Aug

Sept

Oct

Nov

Dec

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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	<b>Sundhararajan Nagarajan</b>	<b>XXX-XX-0974</b>			X	X	X	X	X	X	X	X	X	X	X	X	X
18	<b>Janaki Rajeswaran</b>	<b>XXX-XX-1043</b>			X	X	X	X	X	X	X	X	X	X	X	X	X
19	<b>Kharunyaa Sundhararajan</b>	<b>XXX-XX-1202</b>			X	X	X	X	X	X	X	X	X	X	X	X	X
20	<b>Jayadityaa Sundhararajan</b>	<b>XXX-XX-4334</b>			X	X	X	X	X	X	X	X	X	X	X	X	X

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