

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095C for instructions and the latest information.

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 CORRECTED

Part I Employee		2 Social security number (SSN) ***-**-8042	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 77-0205035
1 Name of employee ARCHANA PADMANABAN		7 Name of employer HCL AMERICA INC		10 Contact telephone number 844-279-7898	
3 Street address (including apartment no.) 2325 NASHVILLE PIKE APT 714 STONE RIDGE FARMS		9 Street address (including room or suite no.) 330 POTRERO AVE		13 Country and ZIP or foreign postal code 94085	
4 City or town GALLATIN	5 State or province TN	6 Country and ZIP or foreign postal code 37066	11 City or town SUNNYVALE	12 State or province CA	

Part II Employee Offer of Coverage		Plan Start Month (Enter 2-digit number): 01											
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
		2G	2G	2G	2G	2G	2G	2G	2G	2G	2G	2G	2G
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
		2G	2G	2G	2G	2G	2G	2G	2G	2G	2G	2G	2G

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. <input type="checkbox"/>														
(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 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
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Part III Covered Individuals - Continuation Sheet		Social security number (SSN) ***-**-8042														
(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 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
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