

VOID CORRECTED

OMB No. 1545-2251

**2018**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 (first name, middle initial, last name) address, ZIP/postal code &amp; country

**Sundhararajan Nagarajan**  
5845 Zelkova Dr  
Cumming GA 30040APPLICABLE 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	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
Feb	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
Mar	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
Apr	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
May	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
June	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
July	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
Aug	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
Sept	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
Oct	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
Nov	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>
Dec	<b>1E</b>	\$ <b>114.20</b>	<b>2C</b>

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) First name, middle initial, last name	(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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