

## Employer-Provided Health Insurance Offer and Coverage

▶ 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.

VOID  
 CORRECTED

OMB No. 1545-0047 600118  
**2018**

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| <b>Part I Employee</b>   |  | 2 Social security number (SSN)<br>***-**-1706 |  | Applicable Large Employer Member (Employer)                                      |  | 8 Employer identification number (EIN)<br>26-3305132 |  |
| 1 Name of employee (first name, middle initial, last name)<br>NIRANJAN NAYAK |  |   |  | 7 Name of employer<br>RANDSTAD TECHNOLOGIES LLC                                  |  |  |  |
| 3 Street address (including apartment no.)<br>7804 ARBORETUM DR APT 203      |  |   |  | 9 Street address (including room or suite no.)<br>3625 CUMBERLAND BLVD SUITE 600 |  |  |  |
| 4 City or town<br>CHARLOTTE  |  | 5 State or province<br>NC                     |  | 6 Country and ZIP or foreign postal code<br>28270                                |  | 11 City or town<br>ATLANTA                           |  |
|  |  |   |  |  |  | 12 State or province<br>GA                           |  |
|  |  |   |  | 10 Contact telephone number<br>855-594-6213                                      |  |  |  |
|  |  |   |  | 13 Country and ZIP or foreign postal code<br>30339                               |  |  |  |

**Part II Employee Offer of Coverage** Plan Start Month (enter 2-digit number): 01

| 14 Offer of Coverage<br>(enter required code)                             | All 12 Months | Jan       | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|---|---------------|-----------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
|   |               |           | 1E  | 1H  | 1H  | 1H  | 1H   | 1H   | 1H  | 1H   | 1H  | 1H  | 1H  |
| 15 Employee Required Contribution (see Instructions)                      | \$            | \$ 186.42 | \$  | \$  | \$  | \$  | \$   | \$   | \$  | \$   | \$  | \$  | \$  |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |               | 2C        | 2B  | 2A  | 2A  | 2A  | 2A   | 2A   | 2A  | 2A   | 2A  | 2A  | 2A  |

**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)<br>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 months | (e) Months of Coverage |     |     |     |     |      |      |     |      |     |     |     |  |
|--|----------------------|--|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--|
|  |                      |  |                           | Jan                    | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |  |
| 17 NIRANJAN NAYAK  | ***-**-1706          |  |                           | X                      | X   |     |     |     |      |      |     |      |     |     |     |  |
| 18 PREETI PRIYANSHI NAYAK  | ***-**-8142          |  |                           | X                      | X   |     |     |     |      |      |     |      |     |     |     |  |
| 19 SUBHASHREE NAYAK  | ***-**-8103          |  |                           | X                      | X   |     |     |     |      |      |     |      |     |     |     |  |
| 20   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 21   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 22   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |

**Part III Covered Individuals - Continuation Sheet**

| (a) Name of covered individual(s)<br>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 months | (e) Months of Coverage |     |     |     |     |      |      |     |      |     |     |     |  |
|--|----------------------|--|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--|
|  |                      |  |                           | Jan                    | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |  |
| 23   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 24   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 25   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 26   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 27   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 28   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 29   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 30   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 31   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 32   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 33   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |
| 34   |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |