

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.

VOID
 CORRECTED

OMB No. 1545-2251 600117
2017

Part I Employee		2 Social security number (SSN) XXX-XX-1727		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 22-3407945	
1 Name of employee RUCHITABEN PATEL		7 Name of employer AUDIBLE		9 Street address (including room or suite no.) 1 WASHINGTON PARK, 16TH FLOOR		10 Contact telephone number 866-644-2696	
3 Street address (including apartment no.) 27 AUTUMN ST		6 Country and ZIP or foreign postal code US 07014		11 City or town NEWARK		12 State or province NJ	
4 City or town CLIFTON		5 State or province NJ		13 Country and ZIP or foreign postal code US 07102			

14 Offer of Coverage (enter required code)	Plan Start Month (Enter 2-digit number):												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$ 26.00	\$ 26.00	\$ 26.00	\$ 26.00	\$ 26.00	\$ 26.00	\$ 26.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C

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 months	(e) Months of Coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17	RUCHITABEN PATEL	XXX-XX-1727									X	X	X	X	X	X	X
18																	
19																	
20																	
21																	
22																	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form 1095-C (2017)

Part III Covered Individuals - Continuation Sheet

	(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	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	

