Form 1095-C

Department of the Treasury
Internal Revenue Service

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.

☐ CORRECTED

OMB No. 1545-2251

2018

Part I Employee

1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)
MAHENDER REDDY	ADONDA	***-**-5918

3 Street address (including apartment no.)		
6516 PARK SOUTH DRIVE		
4 City or town	**5 State or province**	**6 Country and ZIP or foreign postal code**
CHARLOTTE	NC	US 28210

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
CGI Technologies and Solutions Inc	54-0856778
9 Street address (including room or suite no.)	**10 Contact telephone number**
11325 Random Hills Rd	
11 City or town	**12 State or province** / **13 Country and ZIP or foreign postal code**
Fairfax	VA / 22030

Part II Employee Offer of Coverage

Plan Start Month (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		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.* [X]

	(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 months	(e) Months of Coverage											
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17	MAHENDER REDDY	ADONDA	***-**-5918				X	X	X	X	X	X	X	X	X	X	X