

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 **600118**
2018

Part I Employee

1 Name of employee (first name, middle initial, last name) SHASHANK GOUD G PULIMAMIDI		2 Social security number (SSN) ***-**-9017		7 Name of employer JPMORGAN CHASE BANK, NA		8 Employer identification number (EIN) 13-4994650	
3 Street address (including apartment no.) 308 HIGHWOOD TRAIL		6 Country and ZIP or foreign postal code 75056		9 Street address (including room or suite no.) 1111 POLARIS PARKWAY		10 Contact telephone number 877-576-2427	
4 City or town LEWISVILLE	5 State or province TX	11 City or town COLUMBUS	12 State or province OH	13 Country and ZIP or foreign postal code 43240			

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
			1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$ 134.66	\$ 134.66	\$ 134.66	\$ 134.66	\$ 134.66	\$ 134.66
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2D	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) 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		
SHASHANK GOUD G PULIMAMIDI	***-**-9017											X	X	X	X	X	X