XCJ 0010 SX339 000000064

000019145 J0318891

EVARIANT INC
308 FARMINGTON AVE
FARMINGTON, CT 06032

XCJPNA95CPT0000028420A410A510

020126 RO9CBS01 XCJ 0010 SX339 000000064
SRI SINDHU KATNE
19 MASONS BROOK LANE
EAST WINDSOR, CT 06088

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

S 020126 RO9CBS01 020126 E

600117

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.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251
2018

Part I Employee

1 Name of employee	2 Social security number (SSN)
SRI SINDHU KATNE	XXX-XX-5291

3 Street address (including apartment no.)		
19 MASONS BROOK LANE		
4 City or town	**5 State or province**	**6 Country and ZIP or foreign postal code**
EAST WINDSOR	CT	USA 06088

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
EVARIANT INC	30-0738685

9 Street address (including room or suite no.)	10 Contact telephone number
308 FARMINGTON AVE	860-321-3919
11 City or town	**12 State or province** / **13 Country and ZIP or foreign postal code**
FARMINGTON	CT / USA 06032

Part II Employee Offer of Coverage

Plan Start Month (Enter 2-digit number): 08

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$	$ 75.68	$ 75.68	$ 75.68	$ 75.68	$ 75.68	$ 75.68	$ 85.68	$ 85.68	$ 85.68	$ 85.68	$ 85.68
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2C	2C	2C	2C	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				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐