

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

600118
OMB No. 1545-2251
2018

Applicable Large Employer Member (Employer)

Part I Employee		7 Name of employer <u>Cognizant Technology Solutions US Corp</u>			8 Employer identification number (EIN) <u>13-3924155</u>				
1 Name of employee (first name, middle initial, last name) <u>Ajeesunnisha Mathen Jahangeer</u>		2 Social security number (SSN) <u>XXX-XX-9370</u>			10 Contact telephone number <u>973-368-9700 x428434</u>				
3 Street address (including apartment no.) <u>2014 Tramore Ct</u>		9 Street address (including room or suite no.) <u>211 Quality Circle</u>			12 State or province <u>TX</u>		13 Country and ZIP or foreign postal code <u>US 77845</u>		
4 City or town <u>Chesterfield</u>	5 State or province <u>MO</u>	6 Country and ZIP or foreign postal code <u>US 63017-8116</u>			11 City or town <u>College Station</u>		13 Country and ZIP or foreign postal code <u>US 77845</u>		

Part II Employee Offer of Coverage

Plan Start Month (Enter 2-digit number): 01

	All 12 Months	Plan Start Month														
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
14 Offer of Coverage (enter required code) <u>JA</u>																
15 Employee Required Contribution (see instructions) \$																
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <u>20</u>																

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	
17 <u>Ajeesunnisha Mathen Jahangeer</u>	<u>XXX-XX-9370</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 <u>Haji Ahamedyase</u>	<u>XXX-XX-1319</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 <u>Syed Masood</u>	<u>XXX-XX-9807</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 <u>Naseeha</u>	<u>XXX-XX-9913</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 <u>Syed Masood</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 <u>Muhammad Inba</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2018)