INFORMATICA LLC
2100 SEAPORT BOULEVARD
REDWOOD CITY, CA 94063

KSPPNA95CP40000025679A423A718

007918   RO9MBQ01 KSP 0170 TZ898 000000280
VIJAY CHITYALA
631 E ROYAL LANE
APT 02-3007
IRVING, TX 75039-3590

S 007918 RO9MBQ01 007918 E

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

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 | **Applicable Large Employer Member (Employer)**

1 Name of employee VIJAY CHITYALA	2 Social security number (SSN) XXX-XX-0734	7 Name of employer INFORMATICA LLC	8 Employer identification number (EIN) 77-0333710
3 Street address (including apartment no.) 631 E ROYAL LANE		9 Street address (including room or suite no.) 2100 SEAPORT BOULEVARD	10 Contact telephone number 512-813-6897
4 City or town IRVING	5 State or province TX 6 Country and ZIP or foreign postal code USA 75039-3590	11 City or town REDWOOD CITY 12 State or province CA	13 Country and ZIP or foreign postal code USA 94063

Part II Employee Offer of Coverage   Plan Start Month (Enter 2-digit number): **01**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	$ 20.00	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	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 VIJAY CHITYALA	XXX-XX-0734		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18 SOUMYA JANJANAM		02/13/1988	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.   Form **1095-C** (2018)