

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

600117
 OMB No. 1545-2251
2017

Part I Employee

1 Name of employee KARUPPIAH VADIVEL		2 Social security number (SSN) 082-19-5908	
3 Street address (including apartment no.) 89 LOFT DRIVE			
4 City or town MARTINSVILLE	5 State or province NJ	6 Country and ZIP or foreign postal code 08836	

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)	1E					
15 Employee Required Contribution (see instructions)	\$50.00					
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 covered individual

(a) Name of covered individuals	(b) SSN	(c) DOB (if SSN is not available)	d) Covered all 12 months
17			<input type="checkbox"/>
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer Patel Consultants Corporation		8 Employer Identification Number (EIN) 22-2120360	
9 Street address (including room or suite no.) 1525 Morris Avenue		10 Contact Telephone Number (908) 964-7575	
11 City or town Union	12 State or province NJ	13 Country and ZIP or foreign postal code 07083	

June	July	Aug	Sept	Oct	Nov	Dec

(e) Months of Coverage											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<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"/>

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 OMB No. 1545-2251

2017

Part I Employee

1 Name of employee SUJATHA MURUGAIAH		2 Social security number (SSN) 516-71-4790	
3 Street address (including apartment no.) 89 LOFT DRIVE			
4 City or town MARTINSVILLE	5 State or province NJ	6 Country and ZIP or foreign postal code 08836	

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)	1E					
15 Employee Required Contribution (see instructions)	\$50.00					
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 covered individual

(a) Name of covered individuals	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
17			<input type="checkbox"/>
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer Patel Consultants Corporation				8 Employer Identification Number (EIN) 22-2120360			
9 Street address (including room or suite no.) 1525 Morris Avenue				10 Contact Telephone Number (908) 964-7575			
11 City or town Union		12 State or province NJ		13 Country and ZIP or foreign postal code 07083			

June	July	Aug	Sept	Oct	Nov	Dec

(e) Months of Coverage											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<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"/>
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