

L & T TECHNOLOGY SERVICES LTD  
2035 LINCOLN HIGHWAY STE 3002  
EDISON NJ US 08817

BALACHANDAR KRISHNAMURTHI  
9242 SW 171th St  
CT MIAMI FL US 33196

## Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.

▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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Part I Employee						Applicable Large Employer Memorandum					
1 Name of employee <b>BALACHANDAR KRISHNAMURTHY</b>			2 Social security number (SSN) <b>389-31-8562</b>			7 Name of employer <b>L &amp; T TECHNOLOGY SERVICES LTD</b>			9 Street address (including room or suite no.) <b>2035 LINCOLN HIGHWAY STE 3002</b>		
3 Street address (including apartment no.) <b>9242 SW 171th St</b>						11 City or town <b>EDISON</b>					
4 City or town <b>CT MIAMI</b>		5 State or province <b>FL</b>		6 Country and ZIP or foreign postal code <b>US 33196</b>		12 State or province <b>NJ</b>					

Part II Employee Offer of Coverage	Plan Start Month (Enter 2-digit number):									
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)										

**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 individual's name, SSN or other TIN, and date of birth (if SSN or other TIN is not available).

(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			<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			<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			<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			<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			<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			<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"/>

