E 1095-C Department of the Treasury Internal Revenue Service  Employer-Provided Health Insul  Do not attach to your tax return. K  Go to www.irs.gov/Form1095C for instruction						Keep for you	r records.	and ouver	296	VOID	ECTED	OM	B No. 154			_600:	
Part I Employee 2 Social security number (S						(SSN)	and the latest information.							2017			
JENIFER THANGADURAI						7 Na	Applicable Large Employer Member (Employer)  7 Name of employer BANK OF AMERICA NATIONAL ASSOC										
3 Street address (included 2683 RED M	ding apartment no	1				9 Stre	et address (inc	uding room or suite no				1.2					
4 City or town HARRISBURG 5 State or province NC 6 Country and ZIP or foreign postal						1 11	100 NORTH TRYON STREET SUITE 170 800-556-6044										
Part II Employee Offer of Coverage					C	CHARLOTTE NC					13 Country and ZIP or foreign postal or 28202						
	All 12 Months		Feb	Mar	Apr	May	n Start Mor	th (Enter 2-digit number									
14 Offer of Coverage (enter required code)		1 <sub>H</sub>	1н	1H	1н	1н		July	Aug	Sept	0	ct	-	Nov	F	Dec	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	s	111	1н	1H	1н	1H	1.	H		le		1E	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2 7	\$		\$	\$	\$		\$ 68	1.24	\$	68.2	
Part III Covere	d Individuals  byer provided s	self-insured cove				2A	2A	2A	2A	ZD	21	)	2	C		2C	
		(a) Name of	covered individual	s)	er the information	for each ind	vidual enrolle N or other TIN	ed in coverage, inclu	and the second second								
17 JENIFER THANGADURAI								(c) DOB (If SSN or of TIN is not available	ther (d) Covered all 12 months	s Jan Feb Mar Apr Ma			(e) Months of Coverage June July Aug Sep			e Oct Nov	
18 THANGADURAI MOTACI SEBASTIAN VALAN						**-1874									×		
19 JOAN REILI			N VALAN				**-6560									x :	
							**-1541									x :	
					***_	**-5731								1	× ;		
21													$\Box$				
Por Privacy Act and Pa	JOEL RUFUS THANGADURAI  Privacy Act and Paperwork Reduction Act Notice, see separate instructions.										1	T					
						Cat. No	. 60705M				- t		LL	Form 1	095-C	(2017)	
Form 1095-C (2017)																777	
Name of employee JENIFER THANGADURAI								Social security number (SSN) ***-**-1874							0317 Page 3		
Part III Covered Individuals – Continuation Sheet									***_**	-1874							
			overed individual(s	)		(6) 604	or other TIN				77 3000 7000 7000						
3						(1) 331	or other TIN	(c) DOB (If SSN or othe TIN is not available)	er (d) Covered all 12 months	Jan Feb M			s of cove	rage ug Sept	Oct	Nov D	
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