

0000 NG335 000011711
 000035457 JOB14155
 CAPGEMINI AMERICA INC
 333 WEST WACKER DR 300
 CHICAGO, IL 60606



AA5PNA95CPQ0000004316A424A478

035457 RO9M7W01 AA5 8888 NG335 000011711
 SANKARANANDHAN SUNDARESAN
 225 S STEPHANIE ST
 APT # 2722, ARROYO GRANDE APARTM
 HENDERSON, NV 89012

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

2017

Part I Employee				Applicable Large Employer Member (Employer)											
1 Name of employee SANKARANANDHAN SUNDARESAN				2 Social security number (SSN) XXX-XX-7123				7 Name of employer CAPGEMINI AMERICA INC				8 Employer identification number (EIN) 22-2575929			
3 Street address (including apartment no.) 225 S STEPHANIE ST				5 City or town HENDERSON				6 State or province NV				9 Country and ZIP or foreign postal code USA 89012			
10 Street address (including room or suite no.) 333 WEST WACKER DR 300				11 City or town CHICAGO				12 State or province IL				13 Country and ZIP or foreign postal code USA 60606			
14 Contact telephone number 877-736-7534				15 City or town HENDERSON				16 State or province NV				17 Country and ZIP or foreign postal code USA 89012			

Part II Employee Offer of Coverage														
Plan Start Month (Enter 2-digit number): 01														
14 Offer of Coverage (enter required code)														
All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)														
\$	\$	\$	\$	\$	\$ 64.81	\$ 64.81	\$ 64.81	\$ 64.81	\$ 64.81	\$ 64.81	\$ 64.81	\$ 64.81	\$ 64.81	\$ 64.81
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)														
	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	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. <input checked="" type="checkbox"/>																
(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 SANKARANANDHAN SUNDAR	XXX-XX-7123		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
18 SARVESH SANKARANANDHA		11/15/2011	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
19 JAYASHREE SUBRAMANIAN		10/05/1985	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	