



AA5 8888 NG335 000006268

000030014 JOB14155

CAPGEMINI AMERICA INC
333 WEST WACKER DR 300
CHICAGO, IL 60606



\*AA5PNA95CPQ0000000041A424A478\*

030014 RO9M7W01 AA5 8888 NG335 000006268
SANDIPBHAI P LAKHANI
827 POTOMAC RD
ATLANTA, GA 30338

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
1 Name of employee: SANDIPBHAI P LAKHANI
2 Social security number (SSN): XXX-XX-6864
3 Street address: 827 POTOMAC RD
4 City or town: ATLANTA
5 State or province: GA
6 Country and ZIP or foreign postal code: USA 30338
7 Name of employer: CAPGEMINI AMERICA INC
8 Employer identification number (EIN): 22-2575929
9 Street address: 333 WEST WACKER DR 300
10 Contact telephone number: 877-736-7534
11 City or town: CHICAGO
12 State or province: IL
13 Country and ZIP or foreign postal code: USA 60606

Part II Employee Offer of Coverage
Plan Start Month (Enter 2-digit number): 01
Table with columns for months (All 12 Months, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec) and rows for Offer of Coverage (1E) and Section 4980H Safe Harbor and Other Relief (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.
Table with columns for individual name, SSN, DOB, and months of coverage (Jan-Dec).

S 030014 RO9M7W01 030014 E