

Transmittal of Employer-Provided Health Insurance
Coverage Information Returns

Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c

CORRECTED

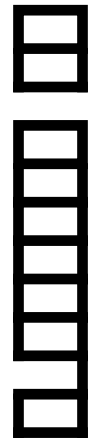
OMB No. 1545-2251

2016

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) RMS		2 Employer identification number (EIN) 23-4232222	
3 Street address (including room or suite no.) sdfasdf ADFA			
4 City or town AJO	5 State or province AZ	6 Country and ZIP or foreign postal code 23423	8 Contact telephone number 2342342342
7 Name of person to contact ASDFA ADSFA asdfadf			
9 Name of Designated Government Entity (only if applicable)			
11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact		16 Contact telephone number	

For Official Use Only



17 Reserved	395
18 Total number of Forms 1095-C submitted with this transmittal	395
19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions	

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member	395
21 Is ALE Member a member of an Aggregated ALE Group? If "No," do not complete Part IV.	

22 Certifications of Eligibility (select all that apply):

<input type="checkbox"/> A. Qualifying Offer Method	<input checked="" type="checkbox"/> B. Reserved	<input checked="" type="checkbox"/> C. Section 4980H Transition Relief	<input type="checkbox"/> D. 98% Offer Method
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Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature	ASDFADF	Date
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61571A

Part III ALE Member Information – Monthly

	(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H Transition Relief Indicator
	Yes	No				
23 All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24 Jan	<input type="checkbox"/>	<input type="checkbox"/>	307	306	<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>	300	299	<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>	299	298	<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>	289	288	<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input type="checkbox"/>	278	277	<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input type="checkbox"/>	283	282	<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input type="checkbox"/>	279	278	<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>	278	277	<input type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input type="checkbox"/>	279	278	<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>	261	260	<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>	245	244	<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>	241	240	<input type="checkbox"/>	

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

	Name	EIN	Name	EIN
36			51	
37			52	
38			53	
39			54	
40			55	
41			56	
42			57	
43			58	
44			59	
45			60	
46			61	
47			62	
48			63	
49			64	
50			65	