1094_C	Transmittal of Employer-	r-Provided Health Insurance Offer and	rance Offer and	CORRECTED	OMB No. 1545-2251
Form P	Coverae	Coverage Information Returns			
Department of the Treasury Internal Revenue Service	► Information about Form 1094-C	► Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c	w.irs.gov/form1094c		
Part Applicable La	Applicable Large Employer Member (ALE Member)	ber)			
1 Name of ALE Member (Employer)	yer)		2 Employer identification number (EIN)		
3 Street address (including room or suite no.)	m or suite no.)				
4 City or town		5 State or province	6 Country and ZIP or foreign postal code		
7 Name of person to contact			8 Contact telephone number		
9 Name of Designated Government Entity (only if applicable)	nent Entity (only if applicable)		10 Employer identification number (EIN)	ı	
11 Street address (including room or suite no.)	n or suite no.)			For Offi	For Official Use Only
12 City or town		13 State or province	14 Country and ZIP or foreign postal code		E
15 Name of person to contact			16 Contact telephone number		3 1
17 Reserved					
18 Total number of Forms	18 Total number of Forms 1095-C submitted with this transmittal				A
19 Is this the authoritative	19 Is this the authoritative transmittal for this ALE Member? If "Yes,	ss," check the box and continue. If "No," see instructions	"No," see instructions	·	
Part ALE Member Information	Information				
20 Total number of Forms	20 Total number of Forms 1095-C filed by and/or on behalf of ALE	E Member			A
21 Is ALE Member a men	21 Is ALE Member a member of an Aggregated ALE Group?				. Tes No
If "No," do not complete Part IV.	ste Part IV.				
22 Certifications of Eligi	Certifications of Eligibility (select all that apply):				
A. Qualifying Offer Method	Method B. Reserved	C. Section 4980H Transition Relief	lelief D. 98% Offer Method	1ethod	
Inder penalties of perium 1 de	declare that I have examined this return and acco	companying documents and to the best	of my knowledge and helief	they are true correct and complete	omplete

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

Cat. No. 61571A

Date

Page 2

Form 1094-C (2016)

Part	☐ ALE Membe	Part III ALE Member Information – Monthly	Aonthly				1
		(a) Minimum Ess Offer In	(a) Minimum Essential Coverage Offer Indicator	(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for AI F Member	(d) Aggregated	(e) Section 4980H
		Yes	No			מלסים ביינים ביי	ransidori heller malcator
83	All 12 Months						
24	Jan						
25	Feb						
56	Mar						
27	Apr						
78	Мау						
53	June						
99	July						
3	Aug						
32	Sept						
æ	Oct						
엁	Nov						
35	Dec						
						-	Form 1094-C (2016)

Page 3

Form 1094-C (2016)

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	E	Name	EN S
36		51	
37		52	
38		53	
39		54	
40		55	
41		26	
42		57	
43		28	
4		59	
45		09	
46		61	
47		62	
48		63	
49		64	
50		65	
			0 7007

Form **1094-C** (2016)