750776

Form 1094-C

Department of the Treasury

Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

CORRECTED

OMB No. 1545-2251

2015

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

1 Name of ALE Member (Employer) 1 State or province 3 State or province 4 City or town 5 State or province 6 Country and 2P or foreign postal code 7 Name of person to contact 9 Name of Designated Government Entry (prily if applicable) 11 Street address (including moon or suite no.) 12 City or town 13 State or province 14 Country and 2P or foreign postal code 15 Name of person to contact 16 Contact telephone number 17 Reserved 18 Total number of Forms 1095-C submitted with this transmittal 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 a member of an Aggregated ALE Group? 16 "No," do not complete Part IV. 22 Certifications of Eligibility (select all that apply): A Qualifying Offer Method B. Qualifying Offer Method Conder 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.	Part I Applicable Large Employer Member (ALE Member			<u> </u>
3 Street address (including room 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 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 17 Reserved. 18 Total number of Forms 1095-C submitted with this transmittal 19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No." see instructions 19 Total number of Forms 1095-C filed by and/or on behalf of ALE Member 19 Is ALE Member Information 20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member 21 Is ALE Member a member of an Aggregated ALE Group? 11 "No." do not complete Part IV. 22 Certifications of Eligibility (select all that apply): A Qualifying Offer Method B Qualifying Offer Method B Qualifying Offer Method Transition Relief C Section 4980H Transition Relief D 9.8% Offer Method 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.	1 Name of ALE Member (Employer)		2 Employer identification number (EIN)	
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12 City or town	Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
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Signature Date	Under penalties of perjury, I declare that I have examined this return and accom-	npanying documents, and to the	ne best of my knowledge and belief, they are to	rue, correct, and complete.
Signature Title Date		\	\	
	Signature	Title	Da	ate

Part	ALE Member	er Information — N	/lonthly				
		Offer In	sential Coverage ndicator	(b) 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						
24	Jan						
25	Feb						
26	Mar						
27	Apr						
28	May						
29	June						
30	July						
31	Aug						
32	Sept						
33	Oct						
34	Nov						
35	Dec						

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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	