

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

600118

2019

Part I Employee2 Social security number (SSN)
***-**-6504

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN)
31-08413681 Name of employee (first name, middle initial, last name)
AWAIS SULTAN3 Street address (including apartment no.)
1157 W VERNON PARK PL7 Name of employer
US BANK NATIONAL ASSOCIATION9 Street address (including room or suite no.)
4000 WEST BROADWAY10 Contact telephone number
800-806-70094 City or town
CHICAGO5 State or province
IL6 Country and ZIP or foreign postal code
6060711 City or town
ROBBINSDALE12 State or province
MN13 Country and ZIP or foreign postal code
55422-2212**Part II** Employee Offer of Coverage

Plan Start Month (enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E											
15 Employee Required Contribution (see instructions)	\$	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58	\$ 85.58
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C											

Part III Covered IndividualsIf Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(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	AWAIS SULTAN	***-**-6504			<input checked="" type="checkbox"/>
18	SALIHA AWAIS	***-**-8460			<input checked="" type="checkbox"/>
19	DANIA A SULTAN	***-**-6714			<input checked="" type="checkbox"/>
20	MEKAEL J SULTAN	***-**-6256			<input checked="" type="checkbox"/>
21	ZARIA S SULTAN	***-**-4558			<input checked="" type="checkbox"/>
22					

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

Cat. No. 60705M

Form 1095-C (2019)

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Name of employee (first name, middle initial, last name)
AWAIS SULTANSocial security number (SSN)
***-**-6504**Part III** Covered Individuals – Continuation Sheet

	(a) Name of covered individual(s) First name, middle initial, last name	(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
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