

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

600318

2018

B Employer identification number (EIN)
31-0841368

Part I Employee

1 Name of employee (first name, middle initial, last name) AWAIS SULTAN	2 Social security number (SSN) ***-**-6504	Applicable Large Employer Member (Employer) US BANK NATIONAL ASSOCIATION			
3 Street address (including apartment no.) 1157 W VERNON PARK PL	9 Street address (including room or suite no.) 4000 WEST BROADWAY	10 Contact telephone number 800-806-7009			
4 City or town CHICAGO	5 State or province IL	6 Country and ZIP or foreign postal code 60607	11 City or town ROBBINSDALE	12 State or province MN	13 Country and ZIP or foreign postal code 55422-2212

Part II Employee Offer of Coverage

	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)	\$	\$ 67.83	\$ 67.83	\$ 67.83	\$ 67.83	\$ 67.83	\$ 67.83	\$ 67.83	\$ 67.83	\$ 67.83	\$ 67.83	\$ 67.83	\$ 67.83
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		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.

(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			X	X	X	X	X	X	X	X	X	X	X	X
18 SALIHA AWAIS	***-**-8460			X	X	X	X	X	X	X	X	X	X	X	X
19 DANIA A SULTAN	***-**-6714			X	X	X	X	X	X	X	X	X	X	X	X
20 MEKAEL J SULTAN	***-**-6256			X	X	X	X	X	X	X	X	X	X	X	X
21 ZARIA S SULTAN	***-**-4558														X
22															

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

Cat No. 60705M

Form 1095-C (2018)

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Name of employee (first name, middle initial, last name)
AWAIS SULTAN

Social 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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