

# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

☐ VOID  
☐ CORRECTED

OMB No. 1545-2251 600116

2019

## Part I Employee

|  |                           |  |                                |  |   |  |  |
|--|---------------------------|--|--------------------------------|--|---|--|--|
| 1 Name of employee (first name, middle initial, last name)<br>AWAIS SULTAN |                           | 2 Social security number (SSN)<br>***-**-6504      |                                | Applicable Large Employer Member (Employer)                          |   | 8 Employer identification number (EIN)<br>31-0841368 |  |
| 3 Street address (including apartment no.)<br>1157 W VERNON PARK PL        |                           | 7 Name of employer<br>US BANK NATIONAL ASSOCIATION |                                | 9 Street address (including room or suite no.)<br>4000 WEST BROADWAY |   | 10 Contact telephone number<br>800-806-7009          |  |
| 4 City or town<br>CHICAGO  | 5 State or province<br>IL | 6 Country and ZIP or foreign postal code<br>60607  | 11 City or town<br>ROBBINSDALE | 12 State or province<br>MN   | 13 Country and ZIP or foreign postal code<br>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       | 1E       | 1E       | 1E       | 1E       | 1E       | 1E       | 1E       | 1E       | 1E       | 1E       | 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       | 2C       | 2C       | 2C       | 2C       | 2C       | 2C       | 2C       | 2C       | 2C       | 2C       | 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)<br>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                      | X   | X   | X   | X   | X    | X    | X   | X    | X   | X   | X   |
| 22 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |

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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)<br>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 |
| 23 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 24 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 25 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 26 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 27 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 28 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 29 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 30 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 31 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 32 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 33 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 34 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |

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