

P A R T I A P P L I C A B L E L A R G E E M P L O Y E R M E M B E R

```

*****
*
* THE FOLLOWING PAGES DISPLAY THE INFORMATION THAT WILL BE PRINTED ON THE EMPLOYEE 1095-C FORM.
*
* IF AN EMPLOYEE IS NOT ON THIS REPORT, A FORM 1095-C WILL NOT BE PRODUCED AND WILL NOT BE INCLUDED
* IN THE 1094-C FORMS, FULL TIME, AND TOTAL EMPLOYEE COUNTS.
*
* EMPLOYEES WITH ERRORS THAT WILL NOT PRODUCE A FORM WILL APPEAR ON THE PPACA EXCEPTION REPORT
* (#127).
*
* EMPLOYEES THAT HAVE NOT BEEN CODED WITH PPACA DATA OR HAVE BEEN EXCLUDED WILL APPEAR ON THE PPACA
* EXCLUSION REPORT (12E).
*
* IF ANOTHER PSID WITH THE SAME FEIN HAS A COMPANY LEVEL ERROR, IT WILL CAUSE ALL PSIDS WITH THE
* SAME FEIN TO HAVE ALL PPACA OUTPUT SUPPRESSED.
*
*****

```



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1541350283	EMPLOYEE NAME MATTHEW J AARONSON
XXX-XX-2092	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 9 NOEL LANE
	ADDR2
	CITY MUTTONTOWN
	ST NY
	ZIP CODE 11753-1311
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 9 NOEL LANE
	ADDR2
	CITY MUTTONTOWN
	ST NY
	ZIP CODE 11753-1311

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MATTHEW	J	AARONSON		XXX-XX-2092	01/30/1975	X	X	X	X	X	X	X	X	X	X	X	
SPS1	LINDSAY	ANNE	AARONSON		XXX-XX-9774		X	X	X	X	X	X	X	X	X	X	X	
DPO1	CHASE	BENJAMIN	AARONSON		XXX-XX-6657		X	X	X	X	X	X	X	X	X	X	X	
DPO2	AVERY	ELANA	AARONSON		XXX-XX-6523		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1541845240	EMPLOYEE NAME AARON	N	ABRAHAM
XXX-XX-3135	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 784 COLUMBUS AVE		ADDR1 784 COLUMBUS AVE
	ADDR2 APT 2G		ADDR2 APT 2G
	CITY NEW YORK		CITY NEW YORK
	ST NY		ST NY
	ZIP CODE 10025		ZIP CODE 10025

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	AARON	N	ABRAHAM		XXX-XX-3135	06/28/1970	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0742845125	EMPLOYEE NAME LESLIE S AHARI
XXX-XX-0319	***** INSIDE/LEGAL ADDRESS *****
TERM YR-17	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 10250 THISTLE GLEN LAN	ADDR1 10250 THISTLE GLEN LANE
ADDR2	ADDR2
CITY GREAT FALLS	CITY GREAT FALLS
ST VA	ST VA
ZIP CODE 22066	ZIP CODE 22066

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	N	P	Y
MAR	(03)	1G			*	N	P	Y
APR	(04)	1G			*	N	P	Y
MAY	(05)	1G			*	N	P	Y
JUN	(06)	1G			*	N	P	Y
JUL	(07)	1G			*	N	P	Y
AUG	(08)	1G			*	N	P	Y
SEP	(09)	1G			*	N	P	Y
OCT	(10)	1G			*	N	P	Y
NOV	(11)	1G			*	N	P	Y
DEC	(12)	1G			*	N	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	LESLIE	S	AHARI		XXX-XX-0319	10/30/1963	X											
SPS1	KAMERAN		AHARI		XXX-XX-9225		X											
DPO1	MARK		AHARI		XXX-XX-3718		X											

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0611811361	EMPLOYEE NAME SUSAN	STOOPS	ANCARROW
XXXX-XX-1427		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 921 S GASKINS ROAD		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 921 S GASKINS ROAD	
CITY RICHMOND		ADDR2	
ST VA		CITY RICHMOND	
ZIP CODE 23238		ST VA	
		ZIP CODE 23238	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*					
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	SUSAN	STOOPS	ANCARROW		XXX-XX-1427	04/27/1970	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	GRANT	H	ANCARROW		XXX-XX-9559		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0641644031	EMPLOYEE NAME ROBERT A ANGLE
XXX-XX-4862	***** INSIDE/LEGAL ADDRESS *****
	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 106 CYRIL LANE	ADDR1 106 CYRIL LANE
ADDR2	ADDR2
CITY RICHMOND	CITY RICHMOND
ST VA	ST VA
ZIP CODE 23229	ZIP CODE 23229

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ROBERT	A	ANGLE		XXX-XX-4862	12/02/1968	X	X	X	X	X	X	X	X	X	X	X	
SPS1	ELEANOR	T	ANGLE		XXX-XX-6816		X	X	X	X	X	X	X	X	X	X	X	
DPO1	VIRGINIA	A	ANGLE		XXX-XX-3047		X	X	X	X	X	X	X	X	X	X	X	
DPO2	ELEANOR	G	ANGLE		XXX-XX-6251		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0640945098	EMPLOYEE NAME DAVID N ANTHONY
XXX-XX-7877	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 PO BOX 1122
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23218
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 PO BOX 1122
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23218

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	N	ANTHONY		XXX-XX-7877	08/08/1965	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	REBECCA	S	ANTHONY		XXX-XX-5005		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ELIZABETH	M	ANTHONY		XXX-XX-6238		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	TYLER	S	ANTHONY		XXX-XX-0442		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0112645092	EMPLOYEE NAME JEFFERY	R	BANISH		
XXX-XX-7864		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 2289 FAIROAKS RD		ADDR1 2289 FAIROAKS RD		ADDR2	
ADDR2		CITY DECATUR		CITY DECATUR	
ST GA		ST GA		ZIP CODE 30033	
ZIP CODE 30033		ZIP CODE 30033			

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JEFFERY	R	BANISH		XXX-XX-7864	03/17/1957	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	REBECCA	L	NEAL		XXX-XX-6627		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	JACOB	BARBIAUX	BANISH		XXX-XX-6925		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0610645076	EMPLOYEE NAME ROBERT MASON BAYLER JR
XXX-XX-1173	***** INSIDE/LEGAL ADDRESS ***** ADDR1 205 BANBURY ROAD ADDR2 CITY RICHMOND ST VA ZIP CODE 23221
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 205 BANBURY ROAD ADDR2 CITY RICHMOND ST VA ZIP CODE 23221

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X									
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -									
SELF	ROBERT	MASON	BAYLER	JR	XXX-XX-1173	08/02/1968	01	02	03	04	05	06	07	08	09	10
SPS1	KRISTEN	B	BAYLER		XXX-XX-2123		X	X	X	X	X	X	X	X	X	X
DPO1	GEORGIA	K	BAYLER		XXX-XX-0549		X	X	X	X	X	X	X	X	X	X
DPO2	CHARLES	M	BAYLER		XXX-XX-1446		X	X	X	X	X	X	X	X	X	X
DPO3	ELIZABETH	C	BAYLER		XXX-XX-4529		X	X	X	X	X	X	X	X	X	X
DPO4	ANNABEL	ELYSE	BAYLER		XXX-XX-4143		X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0820244054	EMPLOYEE NAME RICHARD C	BEALE
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
XXX-XX-8401		
ADDR1 303 45TH STREET		ADDR1 303 45TH STREET
ADDR2		ADDR2
CITY VIRGINIA BEACH		CITY VIRGINIA BEACH
ST VA		ST VA
ZIP CODE 23451		ZIP CODE 23451

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	RICHARD	C	BEALE		XXX-XX-8401	12/22/1948	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	DONNA	M	BEALE		XXX-XX-9467		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0850950508	EMPLOYEE NAME ROBERT PRENTIS BEAMAN
XXX-XX-7799	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 4112 JEAN SHACKELFORD
	ADDR2
	CITY CHESAPEAKE
	ST VA
	ZIP CODE 23321
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 4112 JEAN SHACKELFORD DRIVE
	ADDR2
	CITY CHESAPEAKE
	ST VA
	ZIP CODE 23321

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ROBERT	PRENTIS	BEAMAN		XXX-XX-7799	11/07/1981	X	X	X	X	X	X	X	X	X	X	X	
SPS1	ELIZABETH	RIVENBARK	BEAMAN		XXX-XX-7732		X	X	X	X	X	X	X	X	X	X	X	
DPO1	ELIZABETH	GRACE	BEAMAN		XXX-XX-6198		X	X	X	X	X	X	X	X	X	X	X	
DPO2	KATHERINE	LEE	BEAMAN		XXX-XX-8941		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0610645078	EMPLOYEE NAME COBURN	R	BECK
XXXX-XX-4996		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 13421 KINGSMILL ROAD		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 13421 KINGSMILL ROAD	
CITY MIDLOTHIAN		ADDR2	
ST VA		CITY MIDLOTHIAN	
ZIP CODE 23113		ST VA	
		ZIP CODE 23113	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	COBURN	R	BECK		XXX-XX-4996	01/09/1971	X	X	X	X	X	X	X	X	X	X	X	
SPS1	JANE	L	BECK		XXX-XX-4770		X	X	X	X	X	X	X	X	X	X	X	
DPO1	GEORGE	H	BECK		XXX-XX-0389		X	X	X	X	X	X	X	X	X	X	X	
DPO2	SULLIVAN	L	BECK		XXX-XX-4422		X	X	X	X	X	X	X	X	X	X	X	
DPO3	JOSEPH	L	BECK		XXX-XX-0603		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1541345212	EMPLOYEE NAME JOSHUA A	BERMAN
XXX-XX-3130	***** INSIDE/LEGAL ADDRESS *****	***** OUTSIDE/MAILING ADDRESS *****
TERM YR-17	ADDR1 83 WALWORTH AVENUE	ADDR1 83 WALWORTH AVENUE
	ADDR2	ADDR2
	CITY SCARSDALE	CITY SCARSDALE
	ST NY	ST NY
	ZIP CODE 10583	ZIP CODE 10583

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	N	P Y
APR	(04)	1G			*	N	P Y
MAY	(05)	1G			*	N	P Y
JUN	(06)	1G			*	N	P Y
JUL	(07)	1G			*	N	P Y
AUG	(08)	1G			*	N	P Y
SEP	(09)	1G			*	N	P Y
OCT	(10)	1G			*	N	P Y
NOV	(11)	1G			*	N	P Y
DEC	(12)	1G			*	N	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

						- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11 12
SELF	JOSHUA	A	BERMAN		XXX-XX-3130	09/24/1973	X	X									

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0720244090	EMPLOYEE NAME ANN	BROWN	BIRKEL
XXXX-XX-9820		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 3514 MACOMB STREET NW		ADDR1 3514 MACOMB STREET NW	
ADDR2		ADDR2	
CITY WASHINGTON		CITY WASHINGTON	
ST DC		ST DC	
ZIP CODE 20016		ZIP CODE 20016	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																				
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-	-
SELF	ANN	BROWN	BIRKEL		XXX-XX-9820	08/01/1952	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	WALTER	G	BIRKEL		XXX-XX-5338		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0542845118	EMPLOYEE NAME CHARLES T BLAIR
XXX-XX-8139	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 1406 IVANHOE STREET
	ADDR2
	CITY ARLINGTON
	ST VA
	ZIP CODE 22205
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 1406 IVANHOE STREET
	ADDR2
	CITY ARLINGTON
	ST VA
	ZIP CODE 22205

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CHARLES	T	BLAIR		XXX-XX-8139	08/10/1965	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	ELLEN	SULLIVAN	BLAIR		XXX-XX-0690		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	JOHN	ALEXANDER	BLAIR		XXX-XX-4092		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160544066	EMPLOYEE NAME GREGORY	W	BLOUNT
XXXX-XX-1658		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 1890 ANJACO ROAD		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 1890 ANJACO ROAD	
CITY ATLANTA		ADDR2	
ST GA		CITY ATLANTA	
ZIP CODE 30309		ST GA	
		ZIP CODE 30309	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	GREGORY	W	BLOUNT		XXX-XX-1658	10/31/1956	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	JANE	W	BLOUNT		XXX-XX-7223		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	GREER	W	BLOUNT		XXX-XX-3714		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	GEORGE	W	BLOUNT		XXX-XX-3713		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1541645167	EMPLOYEE NAME JAMES MOORE BOLLINGER
XXX-XX-3399	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 50 ORCHARD PLACE
	ADDR2
	CITY GREENWICH
	ST CT
	ZIP CODE 06830
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 50 ORCHARD PLACE
	ADDR2
	CITY GREENWICH
	ST CT
	ZIP CODE 06830

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	JAMES	MOORE	BOLLINGER		XXX-XX-3399	02/20/1957	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	GAIL		BOLLINGER		XXX-XX-1711		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ELIZA		BOLLINGER		XXX-XX-3511		X	X	X	X	X	X	X										

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1560851935	EMPLOYEE NAME JUSTIN BOOSE
XXX-XX-3012	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 182 COOPER AVE
	ADDR2
	CITY MONTCLAIR
	ST NJ
	ZIP CODE 07043
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 182 COOPER AVE
	ADDR2
	CITY MONTCLAIR
	ST NJ
	ZIP CODE 07043

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JUSTIN		BOOSE		XXX-XX-3012	04/14/1975	X	X	X	X	X	X	X	X	X	X	X	
SPS1	SAMANTHA	LAUREN	BOOSE		XXX-XX-4573		X	X	X	X	X	X	X	X	X	X	X	
DPO1	JULIAN	RANDALL	BOOSE		XXX-XX-2579		X	X	X	X	X	X	X	X	X	X	X	
DPO2	CHARLOTTE	MARIE	BOOSE		XXX-XX-6209		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0141644076	EMPLOYEE NAME JOHN	M	BOWLER
XXXX-XX-7899		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 2634 DUNHAVEN COURT		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 2634 DUNHAVEN COURT	
CITY SNELLVILLE		ADDR2	
ST GA		CITY SNELLVILLE	
ZIP CODE 30078		ST GA	
		ZIP CODE 30078	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JOHN	M	BOWLER		XXX-XX-7899	05/28/1965	X	X	X	X	X	X	X	X	X	X	X	
SPS1	LESLIE		BOWLER		XXX-XX-0715		X	X	X	X	X	X	X	X	X	X	X	
DPO1	CONNOR		BOWLER		XXX-XX-3352		X	X	X	X	X	X	X	X	X	X	X	
DPO2	MICHAEL		BOWLER		XXX-XX-4685		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 2241645231	EMPLOYEE NAME CHARANJIT	BRAHMA
XXX-XX-1442	***** INSIDE/LEGAL ADDRESS ***** ADDR1 3 CROYDON CIRCLE ADDR2 CITY PIEDMONT ST CA ZIP CODE 94611	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 3 CROYDON CIRCLE ADDR2 CITY PIEDMONT ST CA ZIP CODE 94611

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
MONTH						*	ENROLL	F/P	EXCL
-----			-----	-----	-----	*	-----	---	---
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																		
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-
SELF	CHARANJIT		BRAHMA		XXX-XX-1442	06/11/1973	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	PRITI	PRADIP	BRAHMA		XXX-XX-7046		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ARUN	CHARAN	BRAHMA		XXX-XX-4833		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160544086	EMPLOYEE NAME RANDY	E	BROGDON
XXXX-XX-5799		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 1249 REDFIELD RIDGE		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 1249 REDFIELD RIDGE	
CITY DUNWOODY		ADDR2	
ST GA		CITY DUNWOODY	
ZIP CODE 30338		ST GA	
		ZIP CODE 30338	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	RANDY	E	BROGDON		XXX-XX-5799	03/28/1966	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LINDA	B	BROGDON		XXX-XX-1591		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CONNOR	E	BROGDON		XXX-XX-6979		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	KELLER	M	BROGDON		XXX-XX-7821		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 2041651688	EMPLOYEE NAME ROBERT E BROWNE JR
XXX-XX-5800	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 1545 CANTERBURY LANE
	ADDR2
	CITY GLENVIEW
	ST IL
	ZIP CODE 60025

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ROBERT	E	BROWNE	JR	XXX-XX-5800	12/14/1970	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	SUZANNE	M	BROWNE		XXX-XX-8518		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	NOLAN	WILLIAM	BROWNE		XXX-XX-9754		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ROBERT	J	BROWNE		XXX-XX-6742		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	EMILY	MARGARET	BROWNE		XXX-XX-6063		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1141345244	EMPLOYEE NAME CHRISTOPHER G	BROWNING	JR
XXX-XX-1330	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 2313 BYRD STREET	ADDR1 2313 BYRD STREET	
	ADDR2	ADDR2	
	CITY RALEIGH	CITY RALEIGH	
	ST NC	ST NC	
	ZIP CODE 27608	ZIP CODE 27608	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CHRISTOPHER	G	BROWNING	JR	XXX-XX-1330	05/11/1962	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	MARGARET	MILLIKEN	BROWNING		XXX-XX-1467		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CHRISTOPHER	GRAFFLIN	BROWNING		XXX-XX-4830		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	CATHERINE	MOORE	BROWNING		XXX-XX-9164		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	EMILY	GRAFFLIN	BROWNING		XXX-XX-1703		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0150944094	EMPLOYEE NAME JOHN E BUEHNER
XXX-XX-4634	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 870 LANDMARK DRIVE
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30342
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 870 LANDMARK DRIVE
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30342

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JOHN	E	BUEHNER		XXX-XX-4634	12/30/1967	X	X	X	X	X	X	X	X	X	X	X	
SPS1	SHERI		BUEHNER		XXX-XX-2668		X	X	X	X	X	X	X	X	X	X	X	
DPO1	RILEY		BUEHNER		XXX-XX-6730		X	X	X	X	X	X	X	X	X	X	X	
DPO2	JOHN		BUEHNER JR		XXX-XX-7646		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1511445018	EMPLOYEE NAME CAROL	F	BURGER
XXXX-XX-3618		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 33 GREENWICH AVENUE		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2 6K		ADDR1 33 GREENWICH AVENUE	
CITY NEW YORK		ADDR2 6K	
ST NY		CITY NEW YORK	
ZIP CODE 10014		ST NY	
		ZIP CODE 10014	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
						*	ENROLL	F/P	EXCL
-----			-----	-----	-----	*	-----	---	----
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CAROL	F	BURGER		XXX-XX-3618	09/15/1955	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	STEVEN	MARK	LASSOFF		XXX-XX-1497		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2042845113	EMPLOYEE NAME CLINTON	E	CAMERON
XXX-XX-1030	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
TERM YR-17	ADDR1 2300 NORTH GREENVIEW A		ADDR1 2300 NORTH GREENVIEW AVENUE
	ADDR2		ADDR2
	CITY CHICAGO		CITY CHICAGO
	ST IL		ST IL
	ZIP CODE 60614		ZIP CODE 60614

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	N	P	Y
MAR	(03)	1G			*	N	P	Y
APR	(04)	1G			*	N	P	Y
MAY	(05)	1G			*	N	P	Y
JUN	(06)	1G			*	N	P	Y
JUL	(07)	1G			*	N	P	Y
AUG	(08)	1G			*	N	P	Y
SEP	(09)	1G			*	N	P	Y
OCT	(10)	1G			*	N	P	Y
NOV	(11)	1G			*	N	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	CLINTON	E	CAMERON		XXX-XX-1030	11/22/1965	X											
SPS1	TANIA	O	CAMERON		XXX-XX-5522		X											
DPO1	PAMELA	A	CAMERON		XXX-XX-7127		X											

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160544103	EMPLOYEE NAME MARGARET	CLAIBORNE	CAMPBELL
XXX-XX-2759	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 69 EAST PARK LANE		ADDR1 69 EAST PARK LANE
	ADDR2		ADDR2
	CITY ATLANTA		CITY ATLANTA
	ST GA		ST GA
	ZIP CODE 30309		ZIP CODE 30309

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH	OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					ENROLL	F/P	EXCL
JAN (01)	1G			*	S	P	Y
FEB (02)	1G			*	S	P	Y
MAR (03)	1G			*	S	P	Y
APR (04)	1G			*	S	P	Y
MAY (05)	1G			*	S	P	Y
JUN (06)	1G			*	S	P	Y
JUL (07)	1G			*	S	P	Y
AUG (08)	1G			*	S	P	Y
SEP (09)	1G			*	S	P	Y
OCT (10)	1G			*	S	P	Y
NOV (11)	1G			*	S	P	Y
DEC (12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MARGARET	CLAIBORNE	CAMPBELL		XXX-XX-2759	09/15/1965	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	JOHN	R	CAMPBELL		XXX-XX-9443		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ANNA	CAMERON	CAMPBELL		XXX-XX-5600		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	CHARLES	HALL	CAMPBELL		XXX-XX-1517		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1550945111	EMPLOYEE NAME JEREMIAH	H	CANDREVA
XXX-XX-2445	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 1 SADDLE RIDGE COURT		ADDR1 1 SADDLE RIDGE COURT
	ADDR2		ADDR2
	CITY KATONAH		CITY KATONAH
	ST NY		ST NY
	ZIP CODE 10536		ZIP CODE 10536

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JEREMIAH	H	CANDREVA		XXX-XX-2445	02/01/1963	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KAREN		CANDREVA			01/15/1967	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	GRETA		CANDREVA			06/27/2002	X	X	X	X	X	X	X	X	X	X	X	X
DPO2	HUNTER		CANDREVA			01/22/2001	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	

1 0 9 5 - 0

XXX-XX-6577

\*\*\*\*\* INSIDE/LEGAL ADDRESS \*\*\*\*\*

\*\*\*\*\* OUTSIDE/MAILING ADDRESS \*\*\*\*\*

ADDR1 5 BIRCH ROAD

ADDR2

CITY LARCHMONT

ST NY

ZIP CODE 10538

## PLAN START MONTH 01\*

FIELDS NOT ON FORM

EXCL

Y

Y

$$\frac{\cdot}{Y}$$

Y

Y

$$\overline{Y}$$

Y

Y

$$\overline{Y}$$

Y

Y

Y

## SELF-INSURED ENROLLMENT X

- - - - C O V E R A G E - - - - -  
01 02 03 04 05 06 07 08 09 10 11 12

X	X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---	---

X X X X X X X X X

X X X X X X X X X

X X X X X X X X X

---

1



----- E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C -----

EMP ID/SSN 0641644107	EMPLOYEE NAME DABNEY	J	CARR	IV
XXXX-XX-2228		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 3917 W FRANKLIN ST		ADDR1 3917 W FRANKLIN ST		
ADDR2		ADDR2		
CITY RICHMOND		CITY RICHMOND		
ST VA		ST VA		
ZIP CODE 23221		ZIP CODE 23221		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	DABNEY	J	CARR	IV	XXX-XX-2228	07/18/1961	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LAURA	G	CARR		XXX-XX-9784		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	SARAH	C	CARR		XXX-XX-7580		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	PETER	G	CARR		XXX-XX-3467		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0610645079	EMPLOYEE NAME DAVID	M	CARTER		
XXXX-XX-4626		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 6337 RIDGEWAY RD		ADDR1 6337 RIDGEWAY RD		ADDR2	
CITY RICHMOND		CITY RICHMOND		ST VA	
ZIP CODE 23226		ZIP CODE 23226			

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	DAVID	M	CARTER		XXX-XX-4626	04/30/1952	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KAREN	Y	CARTER		XXX-XX-7351		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0140345179	EMPLOYEE NAME JEFFERY	W	CAVENDER
XXX-XX-3929	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 260 GREEN STREET		ADDR1 260 GREEN STREET
	ADDR2		ADDR2
	CITY MARIETTA		CITY MARIETTA
	ST GA		ST GA
	ZIP CODE 30060		ZIP CODE 30060

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	JEFFERY	W	CAVENDER		XXX-XX-3929	01/22/1968	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	GINGER	KAY	CAVENDER		XXX-XX-7844		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ABIGAIL	GRACE	CAVENDER		XXX-XX-6415		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	LINDSEY	KAY	CAVENDER		XXX-XX-1127		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	KATELYN	ROSE	CAVENDER		XXX-XX-7768		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1810645188	EMPLOYEE NAME LARRY A CERUTTI
XXX-XX-7779	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 1 TATTERSALL
	ADDR2
	CITY LAGUNA NIGUEL
	ST CA
	ZIP CODE 92677
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 1 TATTERSALL
	ADDR2
	CITY LAGUNA NIGUEL
	ST CA
	ZIP CODE 92677

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	LARRY	A	CERUTTI		XXX-XX-7779	07/18/1957	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	JENNIFER		CERUTTI		XXX-XX-3739		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	LAURYN		CERUTTI		XXX-XX-0811		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ERIN		CERUTTI		XXX-XX-6114		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	BRENDAN		CERUTTI		XXX-XX-0474		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0142045273	EMPLOYEE NAME DAVID	M	CHAIKEN
XXXX-XX-8166		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 1043 ELIZABETH COURT N		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 1043 ELIZABETH COURT NE	
CITY ATLANTA		ADDR2	
ST GA		CITY ATLANTA	
ZIP CODE 30306		ST GA	
		ZIP CODE 30306	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	M	CHAIKEN		XXX-XX-8166	12/14/1973	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	SUSAN	DESIMONE	CHAIKEN		XXX-XX-8853		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	DEAN	MICHAEL	CHAIKEN		XXX-XX-8150		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	REID	DAVID	CHAIKEN		XXX-XX-7254		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2060545284	EMPLOYEE NAME SUSAN	CHARLES
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
XXX-XX-0644	ADDR1 787 PROSPECT AVENUE	ADDR1 787 PROSPECT AVENUE
	ADDR2	ADDR2
	CITY WINNETKA	CITY WINNETKA
	ST IL	ST IL
	ZIP CODE 60093	ZIP CODE 60093

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	N	P Y
FEB	(02)	1G			*	N	P Y
MAR	(03)	1G			*	N	P Y
APR	(04)	1G			*	N	P Y
MAY	(05)	1G			*	N	P Y
JUN	(06)	1G			*	N	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X											
						- - - - C O V E R A G E - - - - -									
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09
SELF	SUSAN		CHARLES		XXX-XX-0644	02/14/1970							X	X	X
SPS1	ERIC	MICHAEL	WEINSTEIN		XXX-XX-3338								X	X	X
DPO1	AVERY	WYNNE	WEINSTEIN		XXX-XX-2367								X	X	X
DPO2	JASON	CHARLES	WEINSTEIN		XXX-XX-2602								X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0160820372	EMPLOYEE NAME JOHN	MICHAEL	CHILDERS
XXX-XX-4590	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 5191 EDGERTON DRIVE		ADDR1 5191 EDGERTON DRIVE
	ADDR2		ADDR2
	CITY NORCROSS		CITY NORCROSS
	ST GA		ST GA
	ZIP CODE 30092		ZIP CODE 30092

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	JOHN	MICHAEL	CHILDERS		XXX-XX-4590	06/01/1964	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	BENJAMIN		CHILDERS		XXX-XX-8821		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DPO2	JULIA		CHILDERS		XXX-XX-8672		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1010645247	EMPLOYEE NAME KEVIN ANDREW CHRISTMAS
XXX-XX-8122	***** INSIDE/LEGAL ADDRESS ***** ADDR1 1654 STERLING ROAD ADDR2 CITY CHARLOTTE ST NC ZIP CODE 28209
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 1654 STERLING ROAD ADDR2 CITY CHARLOTTE ST NC ZIP CODE 28209

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	KEVIN	ANDREW	CHRISTMAS		XXX-XX-8122	04/14/1978	X	X	X	X	X	X	X	X	X	X	X	
SPS1	DANA		CHRISTMAS		XXX-XX-0206		X	X	X	X	X	X	X	X	X	X	X	
DPO1	WILLIAM		CHRISTMAS		XXX-XX-8478		X	X	X	X	X	X	X	X	X	X	X	
DPO2	JACKSON		CHRISTMAS		XXX-XX-9187		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1520245073	EMPLOYEE NAME SIMON	D	CICES
XXXX-XX-8099		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 195 GRANDVIEW AVENUE		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 195 GRANDVIEW AVENUE	
CITY MONSEY		ADDR2	
ST NY		CITY MONSEY	
ZIP CODE 10952		ST NY	
		ZIP CODE 10952	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	SIMON	D	CICES		XXX-XX-8099	10/17/1954	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	ALTHEA	S	CICES		XXX-XX-0634		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0620344116	EMPLOYEE NAME BERNICE	H	CILLEY
XXX-XX-2564	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 12 TAPOAN ROAD		ADDR1 12 TAPOAN ROAD
	ADDR2		ADDR2
	CITY RICHMOND		CITY RICHMOND
	ST VA		ST VA
	ZIP CODE 23226		ZIP CODE 23226

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	BERNICE	H	CILLEY		XXX-XX-2564	09/16/1958	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	SCOTT		CILLEY		XXX-XX-3017		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CRAIG		CILLEY		XXX-XX-1541		X	X	X	X								
DPO2	JACKIE		CILLEY		XXX-XX-3630		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0660344126	EMPLOYEE NAME DAVID E	CONSTINE	III
XXX-XX-2719	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 5 TAPOAN ROAD	ADDR1 5 TAPOAN ROAD	
	ADDR2	ADDR2	
	CITY RICHMOND	CITY RICHMOND	
	ST VA	ST VA	
	ZIP CODE 23226	ZIP CODE 23226	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	E	CONSTINE	III	XXX-XX-2719	02/25/1958	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	JENNIFER	M	CONSTINE		XXX-XX-4071		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	LILY	K	CONSTINE		XXX-XX-9915		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0542845185	EMPLOYEE NAME JONATHAN A	CONSTINE
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 4183 39TH STREET NORTH		ADDR1 4183 39TH STREET NORTH
ADDR2		ADDR2
CITY ARLINGTON		CITY ARLINGTON
ST VA		ST VA
ZIP CODE 22207		ZIP CODE 22207

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JONATHAN	A	CONSTINE		XXX-XX-5457	01/25/1961	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	JUDITH		FOX		XXX-XX-1689		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	BENJAMIN	PHILIP	CONSTINE		XXX-XX-5682		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	DAVID	AARON	CONSTINE		XXX-XX-0539		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0561145157	EMPLOYEE NAME HOWARD A COOPER
XXX-XX-3400	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 13903 LITTLE TREE COUR
	ADDR2
	CITY ROCKVILLE
	ST MD
	ZIP CODE 20850
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 13903 LITTLE TREE COURT
	ADDR2
	CITY ROCKVILLE
	ST MD
	ZIP CODE 20850

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	HOWARD	A	COOPER		XXX-XX-3400	07/12/1955	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	NANCY		COOPER		XXX-XX-0645		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1510645271	EMPLOYEE NAME PATRICK B COSTELLO
XXXX-XX-7527      ***** INSIDE/LEGAL ADDRESS *****      ***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 320 EAST 46TH STREET      ADDR1 320 EAST 46TH STREET	
ADDR2 20D      ADDR2 20D	
CITY NEW YORK      CITY NEW YORK	
ST NY      ST NY	
ZIP CODE 10017      ZIP CODE 10017	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	PATRICK	B	COSTELLO		XXX-XX-7527	12/25/1976	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0612602896	EMPLOYEE NAME LYNDA	M	CROUSE
XXXX-XX-9334		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 4612 KING WILLIAM ROAD		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 4612 KING WILLIAM ROAD	
CITY RICHMOND		ADDR2	
ST VA		CITY RICHMOND	
ZIP CODE 23225		ST VA	
		ZIP CODE 23225	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	LYNDA	M	CROUSE		XXX-XX-9334	01/16/1969	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:    0    (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:                    1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1540345237	EMPLOYEE NAME LOUIS ANTHONY CURCIO
XXX-XX-0242	***** INSIDE/LEGAL ADDRESS ***** ADDR1 2170 SENECA DRIVE NORT ADDR2 CITY MERRICK ST NY ZIP CODE 11566
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 2170 SENECA DRIVE NORTH ADDR2 CITY MERRICK ST NY ZIP CODE 11566

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	LOUIS	ANTHONY	CURCIO		XXX-XX-0242	06/04/1976	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	GABRIELLE		CURCIO		XXX-XX-2484		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	LUCA	DANIEL	CURCIO		XXX-XX-4866		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	TESS	MATTEA	CURCIO		XXX-XX-4329		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)					SELF-INSURED ENROLLMENT X													
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	F	CUTTER		XXX-XX-9079	11/06/1967	X											
SPS1	JULIE		CUTTER		XXX-XX-7189		X											
DPO1	ALICE		CUTTER		XXX-XX-0270		X											
DPO2	ZACHARY		CUTTER		XXX-XX-6295		X											
NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:					0	(MUST BE PREPARED MANUALLY BY CUSTOMER)												
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:					1													



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0561150592	EMPLOYEE NAME ANNE K DAILEY
XXX-XX-5332	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 6016 COPELY LANE
	ADDR2
	CITY MCLEAN
	ST VA
	ZIP CODE 22101
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 6016 COPELY LANE
	ADDR2
	CITY MCLEAN
	ST VA
	ZIP CODE 22101

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X																	
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	ANNE	K	DAILEY		XXX-XX-5332	07/21/1974	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	KATHERINE	E	DAILEY		XXX-XX-8887		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0141345012	EMPLOYEE NAME JAMES DAVID DANTZLER JR
XXX-XX-8953	***** INSIDE/LEGAL ADDRESS ***** ADDR1 1820 PEACHTREE ROAD NW ADDR2 UNIT 409 CITY ATLANTA ST GA ZIP CODE 30309
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 1820 PEACHTREE ROAD NW ADDR2 UNIT 409 CITY ATLANTA ST GA ZIP CODE 30309

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	JAMES	DAVID	DANTZLER	JR	XXX-XX-8953	09/15/1954	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	ANNE	J	DANTZLER		XXX-XX-8445		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1140950959	EMPLOYEE NAME KYLE	DEAK
XXXX-XX-4206      ***** INSIDE/LEGAL ADDRESS *****      ***** OUTSIDE/MAILING ADDRESS *****		
ADDR1 310 DEVONHALL LANE      ADDR1 310 DEVONHALL LANE		
ADDR2      ADDR2		
CITY CARY      CITY CARY		
ST NC      ST NC		
ZIP CODE 27518      ZIP CODE 27518		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	KYLE		DEAK		XXX-XX-4206	08/23/1978	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	KRISTEN	B	DEAK		XXX-XX-3118		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	GEORGIA	CLAIRE	DEAK		XXX-XX-2060		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	GREYSON	RILEY	DEAK		XXX-XX-9721		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	CALEB	W	DEAK		XXX-XX-8270		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0110645104	EMPLOYEE NAME TYLER B DEMPSEY
XXX-XX-9418	***** INSIDE/LEGAL ADDRESS *****
	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 2603 ASHFORD ROAD	ADDR1 2603 ASHFORD ROAD
ADDR2	ADDR2
CITY ATLANTA	CITY ATLANTA
ST GA	ST GA
ZIP CODE 30319	ZIP CODE 30319

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	TYLER	B	DEMPSEY		XXX-XX-9418	04/04/1974	X	X	X	X	X	X	X	X	X	X	X	
SPS1	JESSICA	P	DEMPSEY		XXX-XX-0578		X	X	X	X	X	X	X	X	X	X	X	
DPO1	COOPER	W	DEMPSEY		XXX-XX-4656		X	X	X	X	X	X	X	X	X	X	X	
DPO2	TREVOR	WEBB	DEMPSEY		XXX-XX-5541		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0120244165	EMPLOYEE NAME HAZEN H	DEMPSTER
XXXX-XX-1089      ***** INSIDE/LEGAL ADDRESS *****      ***** OUTSIDE/MAILING ADDRESS *****		
ADDR1 130 KNIGHTSRIDGE COURT      ADDR1 130 KNIGHTSRIDGE COURT		
ADDR2      ADDR2		
CITY ATLANTA      CITY ATLANTA		
ST GA      ST GA		
ZIP CODE 30350      ZIP CODE 30350		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	HAZEN	H	DEMPSTER		XXX-XX-1089	04/30/1958	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	LISA	D	DEMPSTER		XXX-XX-0511		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	AMY	L	DEMPSTER		XXX-XX-3561		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	KATHRYN	B	DEMPSTER		XXX-XX-1775		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	SARAH	H	DEMPSTER		XXX-XX-8837		X	X	X	X	X	X	X	X	X	X		

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2060545268	EMPLOYEE NAME KEVIN	G	DESHARNAIS
XXXX-XX-5221		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 1407 ELMWOOD AVENUE		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 1407 ELMWOOD AVENUE	
CITY WILMETTE		ADDR2	
ST IL		CITY WILMETTE	
ZIP CODE 60091		ST IL	
		ZIP CODE 60091	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	KEVIN	G	DESHARNAIS		XXX-XX-5221	03/11/1966	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	SALONI	NANDITA	DESHARNAIS		XXX-XX-8882		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	KIERAN	UDAYAN	DESHARNAIS		XXX-XX-3720		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	LEELA	VAISHALI	DESHARNAIS		XXX-XX-8308		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1941652561	EMPLOYEE NAME DAVID LYNN DEVERNOE
XXX-XX-2951	***** INSIDE/LEGAL ADDRESS ***** ADDR1 2828 FAMOSA BOULEVARD ADDR2 UNIT 302 CITY SAN DIEGO ST CA ZIP CODE 92107
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 2828 FAMOSA BOULEVARD ADDR2 UNIT 302 CITY SAN DIEGO ST CA ZIP CODE 92107

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	LYNN	DEVERNOE		XXX-XX-2951	06/08/1973	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0620351432	EMPLOYEE NAME KEVIN ROSS DEXTER
XXX-XX-3055	***** INSIDE/LEGAL ADDRESS ***** ADDR1 5408 BEWDLEY ROAD ADDR2 CITY RICHMOND ST VA ZIP CODE 23226
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 5408 BEWDLEY ROAD ADDR2 CITY RICHMOND ST VA ZIP CODE 23226

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	KEVIN	ROSS	DEXTER		XXX-XX-3055	12/29/1980	X	X	X	X	X	X	X	X	X	X	X	
SPS1	MEGHAN		DEXTER		XXX-XX-5095		X	X	X	X	X	X	X	X	X	X	X	
DPO1	JAMES	HUDSON	DEXTER		XXX-XX-5946		X	X	X	X	X	X	X	X	X	X	X	
DPO2	MICHAEL	CHARLES	DEXTER		XXX-XX-6753		X	X	X	X	X	X	X	X	X	X	X	
DPO3	MADELEINE		DEXTER		XXX-XX-5968		X	X	X	X	X	X	X	X	X	X	X	
DPO4	COLIN	PATRICK	DEXTER		XXX-XX-6610		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0110644171	EMPLOYEE NAME XXX-XX-9868	W	BRINKLEY	DICKERSON JR
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****		
ADDR1 4206 TUXEDO FOREST DRI		ADDR1 4206 TUXEDO FOREST DRIVE		
ADDR2		ADDR2		
CITY ATLANTA		CITY ATLANTA		
ST GA		ST GA		
ZIP CODE 30342		ZIP CODE 30342		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	W	BRINKLEY	DICKERSON JR		XXX-XX-9868	12/26/1956	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	PATRICIA	M	DICKERSON		XXX-XX-6465		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160544185	EMPLOYEE NAME WILLIAM	M	DROZE		
XXXX-XX-2861		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 1122 TENNYSON PLACE		ADDR1 1122 TENNYSON PLACE		ADDR2	
CITY ATLANTA		CITY ATLANTA		ST GA	
ZIP CODE 30319		ZIP CODE 30319			

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	WILLIAM	M	DROZE		XXX-XX-2861	06/26/1962	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KATHY		DROZE		XXX-XX-4495		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ASHLEY	NICOLE	DROZE		XXX-XX-1856		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	WILLIAM	HENRY	DROZE		XXX-XX-2463		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0542845128	EMPLOYEE NAME JOHN	W	DUHELLE
XXXX-XX-2090		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 11480 ROBERT STEPHENS		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 11480 ROBERT STEPHENS DR	
CITY FAIRFAX STATION		ADDR2	
ST VA		CITY FAIRFAX STATION	
ZIP CODE 22039		ST VA	
		ZIP CODE 22039	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JOHN	W	DUHELLE		XXX-XX-2090	08/08/1950	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	NADIA	LAMHAOUAR	DUHELLE		XXX-XX-4296		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	MARIA	CHANTALE	DUHELLE		XXX-XX-0987		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0141344231	EMPLOYEE NAME SCOTT A FARROW
XXX-XX-6344	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 5252 WYNTERHALL CT
	ADDR2
	CITY DUNWOODY
	ST GA
	ZIP CODE 30338
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 5252 WYNTERHALL CT
	ADDR2
	CITY DUNWOODY
	ST GA
	ZIP CODE 30338

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	SCOTT	A	FARROW		XXX-XX-6344	05/24/1960	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	SUSAN	M	FARROW		XXX-XX-0473		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	EMILY	A	FARROW		XXX-XX-8712		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ANDREW		FARROW		XXX-XX-1602		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0620244233	EMPLOYEE NAME THOMAS E	FAULS
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 500 KILMARNOCK DRIVE		ADDR1 500 KILMARNOCK DRIVE
ADDR2		ADDR2
CITY RICHMOND		CITY RICHMOND
ST VA		ST VA
ZIP CODE 23229		ZIP CODE 23229

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	THOMAS	E	FAULS		XXX-XX-6540	09/17/1961	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	ALISON	V	FAULS		XXX-XX-7311		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	T	HENRY	FAULS		XXX-XX-9022		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	HILARY	J	FAULS		XXX-XX-7427		X	X	X	X	X	X	X	X	X	X		

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1050945228	EMPLOYEE NAME WALTER DORRIS FISHER JR
XXX-XX-9291	***** INSIDE/LEGAL ADDRESS ***** ADDR1 5210 LILA WOOD CIRCLE ADDR2 CITY CHARLOTTE ST NC ZIP CODE 28209
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 5210 LILA WOOD CIRCLE ADDR2 CITY CHARLOTTE ST NC ZIP CODE 28209

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*					
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	WALTER	DORRIS	FISHER	JR	XXX-XX-9291	09/18/1961	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	MICHELE	SIMMONS	FISHER		XXX-XX-6456		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ELIZABETH	ELLISON	FISHER		XXX-XX-1603		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0160302144	EMPLOYEE NAME XXXX-XX-3104	SETH	T	FORD
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****		
ADDR1 1194 PINE GROVE AVENUE		ADDR1 1194 PINE GROVE AVENUE		
ADDR2		ADDR2		
CITY ATLANTA		CITY ATLANTA		
ST GA		ST GA		
ZIP CODE 30319		ZIP CODE 30319		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	SETH	T	FORD		XXX-XX-3104	08/11/1972	X	X	X	X	X	X	X	X	X	X		
SPS1	SARA	MARSHALL	FORD		XXX-XX-2471		X	X	X	X	X	X	X	X	X	X		
DPO1	BENNETT	MARSHALL	FORD		XXX-XX-0963		X	X	X	X	X	X	X	X	X	X		
DPO2	COLLIN	WALKER	FORD		XXX-XX-0965		X	X	X	X	X	X	X	X	X	X		
DPO3	JACOB	DANIEL	FORD		XXX-XX-6396		X	X	X	X	X	X	X	X	X	X		

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1510645272	EMPLOYEE NAME XXXX-XX-5163	GERALD	A	FRANCESE
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****		
ADDR1 17 ROCK RIDGE ROAD		ADDR1 17 ROCK RIDGE ROAD		
ADDR2		ADDR2		
CITY WESTERLY		CITY WESTERLY		
ST RI		ST RI		
ZIP CODE 02891		ZIP CODE 02891		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	GERALD	A	FRANCESE		XXX-XX-5163	07/02/1961	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KATHLEEN	M	FRANCESE		XXX-XX-5592		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1940945215	EMPLOYEE NAME CHAD R FULLER
XXX-XX-5326	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 3227 VIOLET RIDGE
	ADDR2
	CITY ENCINITAS
	ST CA
	ZIP CODE 92024
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 3227 VIOLET RIDGE
	ADDR2
	CITY ENCINITAS
	ST CA
	ZIP CODE 92024

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CHAD	R	FULLER		XXX-XX-5326	11/24/1962	X	X	X	X	X	X	X	X	X	X	X	
SPS1	HANNAH	N	FULLER		XXX-XX-6440		X	X	X	X	X	X	X	X	X	X	X	
DPO1	JACK	H	FULLER		XXX-XX-6597		X	X	X	X	X	X	X	X	X	X	X	
DPO2	OLIVER	N	FULLER		XXX-XX-3041		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0862844261	EMPLOYEE NAME MICHAEL J GARDNER
XXX-XX-9313	***** INSIDE/LEGAL ADDRESS *****
	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 2509 EARLY COURT	ADDR1 2509 EARLY COURT
ADDR2	ADDR2
CITY VIRGINIA BEACH	CITY VIRGINIA BEACH
ST VA	ST VA
ZIP CODE 23454	ZIP CODE 23454

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MICHAEL	J	GARDNER		XXX-XX-9313	05/07/1956	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	THERESA		GARDNER		XXX-XX-2863		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	GREGORY		GARDNER		XXX-XX-1481		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0 (MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1941645259	EMPLOYEE NAME LARA	SUE	GARNER
XXXX-XX-8959		XXXX-XX-8959	
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 282 DOLPHIN COVE COURT		ADDR1 282 DOLPHIN COVE COURT	
ADDR2		ADDR2	
CITY DEL MAR		CITY DEL MAR	
ST CA		ST CA	
ZIP CODE 92014		ZIP CODE 92014	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*					
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	LARA	SUE	GARNER		XXX-XX-8959	03/16/1965	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	DAVID	MICHAEL	KLENK		XXX-XX-9405		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0141845109	EMPLOYEE NAME GENBERG	IRA
XXXX-XX-0870      ***** INSIDE/LEGAL ADDRESS *****      ***** OUTSIDE/MAILING ADDRESS *****		
ADDR1 600 PEACHTREE STREET N      ADDR1 600 PEACHTREE STREET NE		
ADDR2 5200 BANK OF AMERICA P      ADDR2 5200 BANK OF AMERICA PLAZA		
CITY ATLANTA      CITY ATLANTA		
ST GA      ST GA		
ZIP CODE 30308      ZIP CODE 30308		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	IRA		GENBERG		XXX-XX-0870	07/27/1947	X	X	X	X	X	X	X	X	X	X	X	
SPS1	ROSEMARY		GENBERG		XXX-XX-9935		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160344263	EMPLOYEE NAME RICHARD W	GERAKITIS
XXX-XX-5597	***** INSIDE/LEGAL ADDRESS ***** ADDR1 4146 CONWAY VALLEY RD ADDR2 CITY ATLANTA ST GA ZIP CODE 30327	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 4146 CONWAY VALLEY RD ADDR2 CITY ATLANTA ST GA ZIP CODE 30327

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	RICHARD	W	GERAKITIS		XXX-XX-5597	04/04/1956	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	MARY	S	GERAKITIS		XXX-XX-0186		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1810645266	EMPLOYEE NAME MEGAN N GESS
XXX-XX-1453	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 137 VIA VENEZIA
	ADDR2
	CITY NEWPORT BEACH
	ST CA
	ZIP CODE 92663
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 137 VIA VENEZIA
	ADDR2
	CITY NEWPORT BEACH
	ST CA
	ZIP CODE 92663

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	MEGAN	N	GESS		XXX-XX-1453	11/23/1973	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	BRENT	ERIK	GESS		XXX-XX-8285		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	JOHN	ALEXANDER	GESS		XXX-XX-6690		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	EMILY	ANN	GESS		XXX-XX-9335		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	NATALIE	SOFIA	GESS		XXX-XX-1177		X	X	X	X	X	X	X	X	X	X	X	X
DPO4	LILLIAN	GRACE	GESS		XXX-XX-2169		X	X	X	X	X	X	X	X	X	X	X	X
DPO5	JAMES	DILLON	GESS		XXX-XX-4896		X	X	X	X	X	X	X	X	X	X	X	X
NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:						0	(MUST BE PREPARED MANUALLY BY CUSTOMER)											
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:						1												



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0110608400	EMPLOYEE NAME DAVID W GHEGAN
XXX-XX-5565	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 4347 SENTINEL POST ROA
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30327
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 4347 SENTINEL POST ROAD
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30327

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	W	GHEGAN		XXX-XX-5565	05/28/1971	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	BARBARA	T	GHEGAN		XXX-XX-3149		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	JOHN	D	GHEGAN		XXX-XX-8958		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ALDEN	R	GHEGAN		XXX-XX-8957		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	SOPHIA	E	GHEGAN		XXX-XX-5180		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0610644264	EMPLOYEE NAME JEFFREY	M	GILL
XXXX-XX-3381		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 2800 E WEYBURN ROAD		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 2800 E WEYBURN ROAD	
CITY RICHMOND		ADDR2	
ST VA		CITY RICHMOND	
ZIP CODE 23235		ST VA	
		ZIP CODE 23235	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JEFFREY	M	GILL		XXX-XX-3381	07/07/1959	X	X	X	X	X	X	X	X	X	X	X	
SPS1	CYNTHIA	H	GILL		XXX-XX-4781		X	X	X	X	X	X	X	X	X	X	X	
DPO1	AMY	C	GILL		XXX-XX-8838		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0560545003	EMPLOYEE NAME PETER S GLASER
XXX-XX-5081	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 827 WOLFE STREET
	ADDR2
	CITY ALEXANDRIA
	ST VA
	ZIP CODE 22314
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 827 WOLFE STREET
	ADDR2
	CITY ALEXANDRIA
	ST VA
	ZIP CODE 22314

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	PETER	S	GLASER		XXX-XX-5081	08/19/1953	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	PAULA	J	GLASER		XXX-XX-6875		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




## E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C

EMP ID/SSN      EMPLOYEE NAME      JONATHAN      P      GOLDBERG  
1050945229

XXX-XX-1694      \*\*\*\*\* INSIDE/LEGAL ADDRESS \*\*\*\*\*      \*\*\*\*\* OUTSIDE/MAILING ADDRESS \*\*\*\*\*

TERM YR-17      ADDR1 2441 THORNRIIDGE ROAD      ADDR1 2441 THORNRIIDGE ROAD  
ADDR2      ADDR2

CITY CHARLOTTE

CITY CHARLOTTE

ST NC

ST NC

ZIP CODE 28226

ZIP CODE 28226

## PART II (OFFER AND COVERAGE)

PLAN START MONTH 01\*

MONTH	OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
				*	ENROLL	F/P	EXCL
JAN (01)	1G			*	S	P	Y
FEB (02)	1G			*	S	P	Y
MAR (03)	1G			*	N	P	Y
APR (04)	1G			*	N	P	Y
MAY (05)	1G			*	N	P	Y
JUN (06)	1G			*	N	P	Y
JUL (07)	1G			*	N	P	Y
AUG (08)	1G			*	N	P	Y
SEP (09)	1G			*	N	P	Y
OCT (10)	1G			*	N	P	Y
NOV (11)	1G			*	N	P	Y
DEC (12)	1G			*	N	P	Y

## PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)

SELF-INSURED ENROLLMENT X

CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JONATHAN	P	GOLDBERG		XXX-XX-1694	04/15/1973	X	X										
SPS1	DEBORAH		GOLDBERG		XXX-XX-4906		X	X										
DPO1	JULIA		GOLDBERG		XXX-XX-3611		X	X										
DPO2	WILLIAM		GOLDBERG		XXX-XX-8917		X	X										

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0111444268	EMPLOYEE NAME DAVID	F	GOLDEN
XXXX-XX-8227		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 2466 OAK GROVE VISTA		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 2466 OAK GROVE VISTA	
CITY DECATUR		ADDR2	
ST GA		CITY DECATUR	
ZIP CODE 30033		ST GA	
		ZIP CODE 30033	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	F	GOLDEN		XXX-XX-8227	12/22/1956	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1511245045	EMPLOYEE NAME MARK	MARK A	GOLDSMITH
XXXX-XX-1234		***** INSIDE/LEGAL ADDRESS *****	
		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 1628 HANOVER STREET		ADDR1 1628 HANOVER STREET	
ADDR2		ADDR2	
CITY TEANECK		CITY TEANECK	
ST NJ		ST NJ	
ZIP CODE 07666		ZIP CODE 07666	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MARK	A	GOLDSMITH		XXX-XX-1234	09/29/1956	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	FANNIE	F	GOLDSMITH		XXX-XX-2917		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1512645106	EMPLOYEE NAME STEPHEN GERALD GORELL
XXX-XX-0331	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 40 GUION STREET
	ADDR2
	CITY PLEASANTVILLE
	ST NY
	ZIP CODE 10570
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 40 GUION STREET
	ADDR2
	CITY PLEASANTVILLE
	ST NY
	ZIP CODE 10570

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	STEPHEN	GERALD	GORELL		XXX-XX-0331	08/30/1954	X	X	X	X	X	X	X	X	X	X	X	
SPS1	GLORIA		GORELL		XXX-XX-9539		X	X	X	X	X	X	X	X	X	X	X	
DPO1	ALEXANDER		GORELL		XXX-XX-3976		X	X	X	X	X	X	X	X	X	X	X	
DPO2	ELENA		GORELL		XXX-XX-3696		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0150944278	EMPLOYEE NAME LARRY	E	GRAMLICH		
XXX-XX-9641		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 2561 NELMS DR		ADDR1 2561 NELMS DR		ADDR2	
ADDR2		CITY DECATUR		CITY DECATUR	
ST GA		ST GA		ZIP CODE 30033	
ZIP CODE 30033		ZIP CODE 30033			

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	LARRY	E	GRAMLICH		XXX-XX-9641	05/17/1961	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	CHRISTINA	M	GRAMLICH		XXX-XX-6418		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	COLLEEN	N	GRAMLICH		XXX-XX-0331		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	SEAN	D	GRAMLICH		XXX-XX-1348		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0611644281	EMPLOYEE NAME STEVEN D GRAVELY
XXX-XX-1226	***** INSIDE/LEGAL ADDRESS *****
	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 109 BRANCHVIEW CIR	ADDR1 109 BRANCHVIEW CIR
ADDR2	ADDR2
CITY RICHMOND	CITY RICHMOND
ST VA	ST VA
ZIP CODE 23229	ZIP CODE 23229

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	STEVEN	D	GRAVELY		XXX-XX-1226	03/27/1955	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:    0   (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:                    1





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0150903922	EMPLOYEE NAME ANTHONY D GREENE
XXX-XX-8070	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 836 COURTENAY DRIVE
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30306
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 836 COURTENAY DRIVE
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30306

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																		
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-
SELF	ANTHONY	D	GREENE		XXX-XX-8070	06/23/1975	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	HEIDI	SUE	GREENE		XXX-XX-0774		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	MARSHALL	D	GREENE		XXX-XX-7982											X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0161344280	EMPLOYEE NAME KEVIN	C	GREENE
XXXX-XX-6251		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 8225 HABERSHAM WATERS		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 8225 HABERSHAM WATERS ROAD	
CITY SANDY SPRINGS		ADDR2	
ST GA		CITY SANDY SPRINGS	
ZIP CODE 30350		ST GA	
		ZIP CODE 30350	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*					
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					*	ENROLL	F/P	EXCL
-----		-----	-----	-----	*	-----	---	----
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	KEVIN	C	GREENE		XXX-XX-6251	10/04/1952	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KATHLEEN	B	GREENE		XXX-XX-0001		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0150950245	EMPLOYEE NAME STEPHEN      JEFFERSON      GREENWAY
XXX-XX-6605	***** INSIDE/LEGAL ADDRESS *****      ***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 4435 KARLS GATE DRIVE      ADDR1 4435 KARLS GATE DRIVE
	ADDR2      ADDR2
	CITY MARIETTA      CITY MARIETTA
	ST GA      ST GA
	ZIP CODE 30068      ZIP CODE 30068

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
						*	ENROLL	F/P	EXCL
-----			-----	-----	-----	*	-----	---	----
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	STEPHEN	JEFFERSON	GREENWAY		XXX-XX-6605	04/02/1968	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KERRI	L	GREENWAY		XXX-XX-2728		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	WILLIAM	W	GREENWAY		XXX-XX-6763		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	KATHERINE	A	GREENWAY		XXX-XX-8113		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	STEPHEN	J	GREENWAY		XXX-XX-5934		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	




EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1050945230	EMPLOYEE NAME STEPHANIE E	GREER FULCHER
XXX-XX-1898	***** INSIDE/LEGAL ADDRESS ***** ADDR1 4518 BARWICK ROAD ADDR2 CITY CHARLOTTE ST NC ZIP CODE 28202	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 4518 BARWICK ROAD ADDR2 CITY CHARLOTTE ST NC ZIP CODE 28202

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
MONTH						*	ENROLL	F/P	EXCL
-----			-----	-----	-----	*	-----	---	---
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	STEPHANIE	E	GREER FULCHER		XXX-XX-1898	08/18/1974	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0610645080	EMPLOYEE NAME JOHN OWEN GWATHMEY
XXX-XX-8549	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 6357 WEST RIVER ROAD
	ADDR2
	CITY AYLETT
	ST VA
	ZIP CODE 23009
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 6357 WEST RIVER ROAD
	ADDR2
	CITY AYLETT
	ST VA
	ZIP CODE 23009

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*					
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JOHN	OWEN	GWATHMEY		XXX-XX-8549	12/01/1961	X	X	X	X	X	X	X	X	X	X	X	
SPS1	KELLY	STEORTS	GWATHMEY		XXX-XX-5581		X	X	X	X	X	X	X	X	X	X	X	
DPO1	ISAIAH	G	GWATHMEY		XXX-XX-0880		X	X	X	X	X	X	X	X	X	X	X	
DPO2	SILAS	ABRAHAM	GWATHMEY		XXX-XX-6592		X	X	X	X	X	X	X	X	X	X	X	
DPO3	LAILA	GABRIELLE	GWATHMEY		XXX-XX-9616		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1


## PAYROLL REPORTS



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2241645251	EMPLOYEE NAME MARCUS	TEDD	HALL
XXXX-XX-0266		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 8008 BROADWAY TERRACE		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 8008 BROADWAY TERRACE	
CITY OAKLAND		ADDR2	
ST CA		CITY OAKLAND	
ZIP CODE 94611		ST CA	
		ZIP CODE 94611	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MARCUS	TEDD	HALL		XXX-XX-0266	07/15/1970	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	CHIKAKO	IRIS	HALL		XXX-XX-8809		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	HIKARI	LILLA KANAZAWA	HALL		XXX-XX-4582			X	X	X	X	X	X	X	X	X	X	X
DPO2	SOFIA	BELLA	HALL		XXX-XX-1989		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	THIMITRA	ELENI	HALL		XXX-XX-0083		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1810645222	EMPLOYEE NAME JOHN W HAMILTON JR
XXX-XX-5459	***** INSIDE/LEGAL ADDRESS *****
TERM YR-17	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 1836 PORT STANHOPE PLA	ADDR1 1836 PORT STANHOPE PLACE
ADDR2	ADDR2
CITY NEWPORT BEACH	CITY NEWPORT BEACH
ST CA	ST CA
ZIP CODE 92660	ZIP CODE 92660

PART II (OFFER AND COVERAGE)      PLAN START MONTH 01\*

MONTH	OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					ENROLL	F/P	EXCL
JAN (01)	1G			*	S	P	Y
FEB (02)	1G			*	S	P	Y
MAR (03)	1G			*	S	P	Y
APR (04)	1G			*	S	P	Y
MAY (05)	1G			*	S	P	Y
JUN (06)	1G			*	S	P	Y
JUL (07)	1G			*	S	P	Y
AUG (08)	1G			*	S	P	Y
SEP (09)	1G			*	S	P	Y
OCT (10)	1G			*	N	P	Y
NOV (11)	1G			*	N	P	Y
DEC (12)	1G			*	N	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	JOHN	W	HAMILTON	JR	XXX-XX-5459	04/26/1971	X	X	X	X	X	X	X	X	X			
SPS1	KELLI		HAMILTON		XXX-XX-4909		X	X	X	X	X	X	X	X	X			
DPO1	REILLY		HAMILTON		XXX-XX-6273		X	X	X	X	X	X	X	X	X			
DPO2	MICHAEL		HAMILTON		XXX-XX-0400		X	X	X	X	X	X	X	X	X			
DPO3	JAMES		HAMILTON		XXX-XX-3256		X	X	X	X	X	X	X	X	X			
DPO4	CHARLES		HAMILTON		XXX-XX-0675		X	X	X	X	X	X	X	X	X			

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	






-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0720250061	EMPLOYEE NAME KIMBERLY JILL HARGROVE
XXX-XX-7753	***** INSIDE/LEGAL ADDRESS ***** ADDR1 16895 STORMY DRIVE ADDR2 CITY HAYMARKET ST VA ZIP CODE 20169
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 16895 STORMY DRIVE ADDR2 CITY HAYMARKET ST VA ZIP CODE 20169

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					*	ENROLL	F/P	EXCL
-----		-----	-----	-----	*	-----	---	----
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	D	P	Y
APR	(04)	1G			*	D	P	Y
MAY	(05)	1G			*	D	P	Y
JUN	(06)	1G			*	D	P	Y
JUL	(07)	1G			*	D	P	Y
AUG	(08)	1G			*	D	P	Y
SEP	(09)	1G			*	D	P	Y
OCT	(10)	1G			*	D	P	Y
NOV	(11)	1G			*	D	P	Y
DEC	(12)	1G			*	D	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	KIMBERLY	JILL	HARGROVE		XXX-XX-7753	09/10/1979	X	X										
SPS1	JUSTIN	MICHAEL	HARGROVE		XXX-XX-5353			X	X									
DPO1	DAX	BARRON	HARGROVE			12/16/2016	X	X										
DPO2	RYKER	ZIGGY	HARGROVE		XXX-XX-6508		X	X										

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160802924	EMPLOYEE NAME BRIAN C	HARMS
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
XXX-XX-6407		
ADDR1 10035 HIGH FALLS POINT		ADDR1 10035 HIGH FALLS POINTE
ADDR2		ADDR2
CITY ALPHARETTA		CITY ALPHARETTA
ST GA		ST GA
ZIP CODE 30022		ZIP CODE 30022

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X											
						- - - - C O V E R A G E - - - - -									
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09
SELF	BRIAN	C	HARMS		XXX-XX-6407	02/11/1975	X	X	X	X	X	X	X	X	X
SPS1	KRISTIN	ELAINE	HARMS		XXX-XX-2560		X	X	X	X	X	X	X	X	X
DPO1	TAYLOR	MICHELLE	HARMS		XXX-XX-6336		X	X	X	X	X	X	X	X	X
DPO2	JASON	MICHAEL	HARMS		XXX-XX-4039		X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0840344310	EMPLOYEE NAME JONATHAN L	HAUSER
XXX-XX-3555	***** INSIDE/LEGAL ADDRESS ***** ADDR1 929 BOBOLINK DR ADDR2 CITY VIRGINIA BEACH ST VA ZIP CODE 23451	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 929 BOBOLINK DR ADDR2 CITY VIRGINIA BEACH ST VA ZIP CODE 23451

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	JONATHAN	L	HAUSER		XXX-XX-3555	07/12/1954	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0643105221	EMPLOYEE NAME BRYAN	M	HAYNES
XXX-XX-1502	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 7217 UNIVERSITY DRIVE		ADDR1 7217 UNIVERSITY DRIVE
	ADDR2		ADDR2
	CITY HENRICO		CITY HENRICO
	ST VA		ST VA
	ZIP CODE 23229		ZIP CODE 23229

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	D	P Y
NOV	(11)	1G			*	D	P Y
DEC	(12)	1G			*	D	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

						- - - - C O V E R A G E - - - - -												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	BRYAN	M	HAYNES		XXX-XX-1502	04/27/1971	X	X	X	X	X	X	X	X	X	X		

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:    0    (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:                    1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2241651730	EMPLOYEE NAME XIN	HE	
XXX-XX-5738	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
TERM YR-17	ADDR1 3271 CATALINA AVENUE	ADDR1 3271 CATALINA AVENUE	
	ADDR2	ADDR2	
	CITY SANTA CLARA	CITY SANTA CLARA	
	ST CA	ST CA	
	ZIP CODE 95051	ZIP CODE 95051	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	N	P Y
MAY	(05)	1G			*	N	P Y
JUN	(06)	1G			*	N	P Y
JUL	(07)	1G			*	N	P Y
AUG	(08)	1G			*	N	P Y
SEP	(09)	1G			*	N	P Y
OCT	(10)	1G			*	N	P Y
NOV	(11)	1G			*	N	P Y
DEC	(12)	1G			*	N	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	XIN		HE		XXX-XX-5738	06/11/1972	01	02	03	04	05	06	07	08	09	10	11	12

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0160544326	EMPLOYEE NAME HOLLISTER	A	HILL
XXX-XX-4783	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 3273 COCHISE DR		ADDR1 3273 COCHISE DR
	ADDR2		ADDR2
	CITY ATLANTA		CITY ATLANTA
	ST GA		ST GA
	ZIP CODE 30339		ZIP CODE 30339

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	HOLLISTER	A	HILL		XXX-XX-4783	12/04/1962	X	X	X	X	X	X	X	X	X	X	X	
SPS1	MICHAEL	DAVID	COLE		XXX-XX-9336		X	X	X	X	X	X	X	X	X	X	X	
DPO1	SARA	KATHLEEN	COLE		XXX-XX-2837		X	X	X	X	X	X	X	X	X	X	X	
DPO2	CATHERINE	JENNIFER	COLE		XXX-XX-6942		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0141644327	EMPLOYEE NAME MICHAEL D	HOBBS	JR		
XXXX-XX-4131		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 2 HARRIS GLEN		ADDR1 2 HARRIS GLEN		ADDR1 2 HARRIS GLEN	
ADDR2		ADDR2		ADDR2	
CITY ATLANTA		CITY ATLANTA		CITY ATLANTA	
ST GA		ST GA		ST GA	
ZIP CODE 30327		ZIP CODE 30327		ZIP CODE 30327	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MICHAEL	D	HOBBS	JR	XXX-XX-4131	12/23/1964	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	VIRGINIA		HOBBS		XXX-XX-3190		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	VIRGINIA	DICKINSON	HOBBS		XXX-XX-8843		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	THEODORE	D	HOBBS II		XXX-XX-5750		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	EVELYN	R	HOBBS		XXX-XX-1245		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1






-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0542845074	EMPLOYEE NAME PATRICK F	HOFER
XXX-XX-1004	***** INSIDE/LEGAL ADDRESS *****	***** OUTSIDE/MAILING ADDRESS *****
TERM YR-17	ADDR1 1537 N JEFFERSON STREE	ADDR1 1537 N JEFFERSON STREET
	ADDR2	ADDR2
	CITY ARLINGTON	CITY ARLINGTON
	ST VA	ST VA
	ZIP CODE 22205	ZIP CODE 22205

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	PATRICK	F	HOFER		XXX-XX-1004	08/30/1961	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KATHLEEN	MARIE	HOFER		XXX-XX-3801		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ARTHUR	WILLIAM	HOFER		XXX-XX-7449		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ELIZABETH	LUCILLE	HOFER		XXX-XX-2907		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160545279	EMPLOYEE NAME ROBERT E	HOGFOSS
XXX-XX-4124	***** INSIDE/LEGAL ADDRESS ***** ADDR1 8132 HIGHWAY 14 ADDR2 CITY LYLE ST WA ZIP CODE 98635	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 8132 HIGHWAY 14 ADDR2 CITY LYLE ST WA ZIP CODE 98635

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	N	P	Y
FEB	(02)	1G			*	N	P	Y
MAR	(03)	1G			*	N	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	ROBERT	E	HOGFOSS		XXX-XX-4124	01/15/1952	01	02	03	04	05	06	07	08	09	10	11	12
									X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0650905190	EMPLOYEE NAME WILLIAM G	HOMILLER
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 2230 CONTE DRIVE		ADDR1 2230 CONTE DRIVE
ADDR2		ADDR2
CITY MIDLOTHIAN		CITY MIDLOTHIAN
ST VA		ST VA
ZIP CODE 23113		ZIP CODE 23113

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	WILLIAM	G	HOMILLER		XXX-XX-2701	07/06/1977	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LUCY	PALMORE	HOMILLER		XXX-XX-7364		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	GEORGE	WEST	HOMILLER		XXX-XX-0826		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	FRANCES	LEE	HOMILLER		XXX-XX-8688		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0620310355	EMPLOYEE NAME BRIAN                      JEFFREY                      IWASHYNA
XXX-XX-4079	***** INSIDE/LEGAL ADDRESS *****      ***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 412 KILMARNOCK DRIVE      ADDR1 412 KILMARNOCK DRIVE
	ADDR2      ADDR2
	CITY RICHMOND      CITY RICHMOND
	ST VA      ST VA
	ZIP CODE 23229      ZIP CODE 23229

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
MONTH						*	ENROLL	F/P	EXCL
-----			-----	-----	-----	*	-----	---	---
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	BRIAN	JEFFREY	IWASHYNA		XXX-XX-4079	08/22/1976	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:    0    (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:                      1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0161350468	EMPLOYEE NAME JACK E JIRAK
XXX-XX-2477	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 94 BRANHAM ST NE
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30317
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 94 BRANHAM ST NE
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30317

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	JACK	E	JIRAK		XXX-XX-2477	04/26/1978	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	WHITNEY	WELLS	JIRAK		XXX-XX-4744		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ELAINE	LOUISE	JIRAK		XXX-XX-0997		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	SETH	AJI	JIRAK		XXX-XX-6649		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	ANNETTE	MARIE	JIRAK		XXX-XX-3498		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160544380	EMPLOYEE NAME JOHN H JOHNSON JR
XXX-XX-1206	***** INSIDE/LEGAL ADDRESS ***** ADDR1 752 COURTENAY COURT NE ADDR2 CITY ATLANTA ST GA ZIP CODE 30306
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 752 COURTENAY COURT NE ADDR2 CITY ATLANTA ST GA ZIP CODE 30306

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JOHN	H	JOHNSON	JR	XXX-XX-1206	09/29/1948	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	CHRISTELLE	C	LEWIS		XXX-XX-9487		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0542845123	EMPLOYEE NAME CHARLES A JONES
XXX-XX-0732	***** INSIDE/LEGAL ADDRESS *****
	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 20430 NORTH PARK DR	ADDR1 20430 NORTH PARK DR
ADDR2	ADDR2
CITY ASHBURN	CITY ASHBURN
ST VA	ST VA
ZIP CODE 20147	ZIP CODE 20147

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CHARLES	A	JONES		XXX-XX-0732	05/28/1969	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	TRACY		JONES		XXX-XX-0752		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ANYA		JONES		XXX-XX-4607		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ALEXANDER		JONES		XXX-XX-1477		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1050945226	EMPLOYEE NAME DAVID H JONES
XXX-XX-1353	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 536 ELLSWORTH ROAD
	ADDR2
	CITY CHARLOTTE
	ST NC
	ZIP CODE 28211
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 536 ELLSWORTH ROAD
	ADDR2
	CITY CHARLOTTE
	ST NC
	ZIP CODE 28211

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	H	JONES		XXX-XX-1353	07/20/1955	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	ELIZABETH	RANDALL	MORROW		XXX-XX-8654		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	HENRY	MORROW	JONES		XXX-XX-9054		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	CONOR	MORROW	JONES		XXX-XX-0230		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1020345291	EMPLOYEE NAME JARRELL KEITH JONES
XXX-XX-9918	***** INSIDE/LEGAL ADDRESS *****
	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 2102 CLIMBING ROSE LAN	ADDR1 2102 CLIMBING ROSE LANE
ADDR2	ADDR2
CITY WEDDINGTON	CITY WEDDINGTON
ST NC	ST NC
ZIP CODE 28104	ZIP CODE 28104

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	N	P	Y
FEB	(02)	1G			*	N	P	Y
MAR	(03)	1G			*	N	P	Y
APR	(04)	1G			*	N	P	Y
MAY	(05)	1G			*	N	P	Y
JUN	(06)	1G			*	N	P	Y
JUL	(07)	1G			*	N	P	Y
AUG	(08)	1G			*	N	P	Y
SEP	(09)	1G			*	N	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO) SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	JARRELL	KEITH	JONES		XXX-XX-9918	03/17/1971									X	X	X	X
SPS1	JANE		JONES		XXX-XX-6638										X	X	X	X
DPO1	DUNCAN		JONES		XXX-XX-8875										X	X	X	X
DPO2	DASHIELL		JONES		XXX-XX-5891										X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0611805191	EMPLOYEE NAME MARK	WINDON	JONES
XXX-XX-7542		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 5206 SYLVAN COURT		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 5206 SYLVAN COURT	
CITY RICHMOND		ADDR2	
ST VA		CITY RICHMOND	
ZIP CODE 23225		ST VA	
		ZIP CODE 23225	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	MARK	WINDON	JONES		XXX-XX-7542	11/29/1975	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KRISTINA	NIKOLAYEVNA	KUDRYA JONES		XXX-XX-0351		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	TIMOTHY	WREN	JONES		XXX-XX-0861		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ALEXANDRA	GRACE	JONES		XXX-XX-8691		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 1510645026	EMPLOYEE NAME TIMOTHY I KAHLER
XXX-XX-3302	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 27 OAK AVENUE
	ADDR2
	CITY LARCHMONT
	ST NY
	ZIP CODE 10538
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 27 OAK AVENUE
	ADDR2
	CITY LARCHMONT
	ST NY
	ZIP CODE 10538

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	TIMOTHY	I	KAHLER		XXX-XX-3302	05/06/1951	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	JUDITH	F	KAHLER		XXX-XX-3265		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	GWENDOLYN	S	KAHLER		XXX-XX-8856		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	SUSANNAH	R	KAHLER		XXX-XX-8852		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1520245048	EMPLOYEE NAME MICHAEL A KARPEN
XXX-XX-4434	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 6 GOODHART DRIVE
	ADDR2
	CITY LIVINGSTON
	ST NJ
	ZIP CODE 07039
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 6 GOODHART DRIVE
	ADDR2
	CITY LIVINGSTON
	ST NJ
	ZIP CODE 07039

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MICHAEL	A	KARPEN		XXX-XX-4434	03/16/1956	X	X	X	X	X	X	X	X	X	X	X	
SPS1	JERI	B	KARPEN		XXX-XX-2070		X	X	X	X	X	X	X	X	X	X	X	
DPO1	ALEXANDER		KARPEN		XXX-XX-3599		X	X	X	X	X	X	X	X	X	X	X	
DPO2	JACOB		KARPEN		XXX-XX-1927		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 1512645085	EMPLOYEE NAME JONATHAN A KENTER
XXX-XX-9546	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 400 GLOUCESTER STREET
	ADDR2
	CITY ENGLEWOOD
	ST NJ
	ZIP CODE 07631
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 400 GLOUCESTER STREET
	ADDR2
	CITY ENGLEWOOD
	ST NJ
	ZIP CODE 07631

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	JONATHAN	A	KENTER		XXX-XX-9546	04/12/1959	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0650944412	EMPLOYEE NAME EDWARD	B	KIDD
XXXX-XX-3156		XXXX-XX-3156	
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 8512 BEN NEVIS DRIVE		ADDR1 8512 BEN NEVIS DRIVE	
ADDR2		ADDR2	
CITY RICHMOND		CITY RICHMOND	
ST VA		ST VA	
ZIP CODE 23235		ZIP CODE 23235	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	EDWARD	B	KIDD		XXX-XX-3156	04/08/1953	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LINDA	D	KIDD		XXX-XX-2821		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1842845141	EMPLOYEE NAME KEVIN	F	KIEFFER		
XXXX-XX-8874		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 33 VIA TIMON		ADDR1 33 VIA TIMON		ADDR1 33 VIA TIMON	
ADDR2		ADDR2		ADDR2	
CITY SAN CLEMENTE		CITY SAN CLEMENTE		CITY SAN CLEMENTE	
ST CA		ST CA		ST CA	
ZIP CODE 92673		ZIP CODE 92673		ZIP CODE 92673	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	KEVIN	F	KIEFFER		XXX-XX-8874	07/17/1971	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	BECKI		KIEFFER		XXX-XX-9814		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	RYAN		KIEFFER		XXX-XX-3101		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	DYLAN		KIEFFER		XXX-XX-4343		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 1841345242	EMPLOYEE NAME EDWARD S KIM
XXX-XX-2648	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 39 EAGLECREEK
	ADDR2
	CITY IRVINE
	ST CA
	ZIP CODE 92618
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 39 EAGLECREEK
	ADDR2
	CITY IRVINE
	ST CA
	ZIP CODE 92618

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	EDWARD	S	KIM		XXX-XX-2648	05/17/1970	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0161602825	EMPLOYEE NAME DAVID	C	KIRK		
XXXX-XX-8319		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 411 GLENN CIRCLE		ADDR1 411 GLENN CIRCLE		ADDR2	
CITY DECATUR		CITY DECATUR		ST GA	
ZIP CODE 30030		ZIP CODE 30030			

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	C	KIRK		XXX-XX-8319	11/15/1957	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LORI	B	LELAND		XXX-XX-6112		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CAROLINE	L	KIRK		XXX-XX-7107		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ELIZABETH	B	KIRK		XXX-XX-8374		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0160550469	EMPLOYEE NAME BYRON	WIGHT	KIRKPATRICK
XXX-XX-5704	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 629 ELMWOOD DRIVE NE		ADDR1 629 ELMWOOD DRIVE NE
	ADDR2		ADDR2
	CITY ATLANTA		CITY ATLANTA
	ST GA		ST GA
	ZIP CODE 30306		ZIP CODE 30306

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	BYRON	WIGHT	KIRKPATRICK		XXX-XX-5704	06/12/1974	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	ERIN		CROOM		XXX-XX-2034		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	HENRY	C	KIRKPATRICK		XXX-XX-9671		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	THOMAS	WIGHT	KIRKPATRICK		XXX-XX-5165		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1

[illegible]





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2161108519	EMPLOYEE NAME KAREN J KRUSE
XXX-XX-3218	***** INSIDE/LEGAL ADDRESS *****
TERM YR-17	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 2145 SE LADD AVE	ADDR1 2145 SE LADD AVE
ADDR2	ADDR2
CITY PORTLAND	CITY PORTLAND
ST OR	ST OR
ZIP CODE 97214	ZIP CODE 97214

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	N	P Y
MAY	(05)	1G			*	N	P Y
JUN	(06)	1G			*	N	P Y
JUL	(07)	1G			*	N	P Y
AUG	(08)	1G			*	N	P Y
SEP	(09)	1G			*	N	P Y
OCT	(10)	1G			*	N	P Y
NOV	(11)	1G			*	N	P Y
DEC	(12)	1G			*	N	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	KAREN	J	KRUSE		XXX-XX-3218	06/25/1978	01	02	03	04	05	06	07	08	09	10	11	12
													X	X	X			

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0640950190	EMPLOYEE NAME MICHAEL E LACY
XXX-XX-1599	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 406 POPLAR HILL COURT
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23229
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 406 POPLAR HILL COURT
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23229

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	D	P Y
FEB	(02)	1G			*	D	P Y
MAR	(03)	1G			*	D	P Y
APR	(04)	1G			*	D	P Y
MAY	(05)	1G			*	D	P Y
JUN	(06)	1G			*	D	P Y
JUL	(07)	1G			*	D	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -													
							01	02	03	04	05	06	07	08	09	10	11	12		
SELF	MICHAEL	E	LACY		XXX-XX-1599	08/25/1977										X	X	X	X	X
SPS1	KIMBERLY	MISKE	LACY		XXX-XX-5710											X	X	X	X	X
DPO1	SLOANE	ELIZABETH	LACY		XXX-XX-5637											X	X	X	X	X
DPO2	CONNOR	MICHAEL	LACY		XXX-XX-4459											X	X	X	X	X
DPO3	KATHERINE	STEPHANIE	LACY		XXX-XX-1546											X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1541630414	EMPLOYEE NAME DANIEL A LADOW
XXX-XX-9100	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 284 ROCKINGSTONE AVE
	ADDR2
	CITY LARCHMONT
	ST NY
	ZIP CODE 10538
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 284 ROCKINGSTONE AVE
	ADDR2
	CITY LARCHMONT
	ST NY
	ZIP CODE 10538

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	DANIEL	A	LADOW		XXX-XX-9100	12/24/1959	X	X	X	X	X	X	X	X	X	X	X	
SPS1	RAMONA	G	SALZILLO		XXX-XX-9775		X	X	X	X	X	X	X	X	X	X	X	
DPO1	SAMUEL	E	LADOW		XXX-XX-2782		X	X	X	X	X	X	X	X	X	X	X	
DPO2	MAX	A	LADOW		XXX-XX-2581		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0141344433	EMPLOYEE NAME JAMES A LAMBERTH
XXX-XX-3864	***** INSIDE/LEGAL ADDRESS *****
	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 2671 BOHLER ROAD	ADDR1 2671 BOHLER ROAD
ADDR2	ADDR2
CITY ATLANTA	CITY ATLANTA
ST GA	ST GA
ZIP CODE 30327	ZIP CODE 30327

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JAMES	A	LAMBERTH		XXX-XX-3864	10/10/1961	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	REBECCA	GENE MCLEMORE	LAMBERTH		XXX-XX-9394		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	MATTHEW	RYAN	LAMBERTH		XXX-XX-8393		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ERIN	ALEXIS	LAMBERTH		XXX-XX-8879		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0142044435	EMPLOYEE NAME BRYAN B	LAVINE
XXX-XX-2248	***** INSIDE/LEGAL ADDRESS ***** ADDR1 300 MORGAN FARM COURT ADDR2 CITY ATLANTA ST GA ZIP CODE 30342	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 300 MORGAN FARM COURT NE ADDR2 CITY ATLANTA ST GA ZIP CODE 30342

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
MONTH						*	ENROLL	F/P	EXCL
-----			-----	-----	-----	*	-----	---	---
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	BRYAN	B	LAVINE		XXX-XX-2248	07/22/1952	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	SYLVIA		LAVINE		XXX-XX-6481		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ILANA		LAVINE		XXX-XX-9682		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1541345027	EMPLOYEE NAME KAREN	F	LEDERER
XXXX-XX-2768		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 66 WELLINGTON AVENUE		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 66 WELLINGTON AVENUE	
CITY NEW ROCHELLE		ADDR2	
ST NY		CITY NEW ROCHELLE	
ZIP CODE 10804		ST NY	
		ZIP CODE 10804	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	KAREN	F	LEDERER		XXX-XX-2768	09/28/1954	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	MICHAEL	S	SCHER		XXX-XX-4829		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C																			
EMP ID/SSN 0542851474	EMPLOYEE NAME CLARENCE	CLARENCE	Y	LEE															
XXX-XX-6484	***** INSIDE/LEGAL ADDRESS *****				***** OUTSIDE/MAILING ADDRESS *****														
TERM YR-17	ADDR1 2001 N MADISON ST				ADDR1 2001 N MADISON ST														
	ADDR2				ADDR2														
	CITY ARLINGTON				CITY ARLINGTON														
	ST VA				ST VA														
	ZIP CODE 22205				ZIP CODE 22205														
PART II (OFFER AND COVERAGE)																			
PLAN START MONTH 01*																			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM													
					*	ENROLL	F/P	EXCL											
JAN (01)		1G			*	S	P	Y											
FEB (02)		1G			*	S	P	Y											
MAR (03)		1G			*	N	P	Y											
APR (04)		1G			*	N	P	Y											
MAY (05)		1G			*	N	P	Y											
JUN (06)		1G			*	N	P	Y											
JUL (07)		1G			*	N	P	Y											
AUG (08)		1G			*	N	P	Y											
SEP (09)		1G			*	N	P	Y											
OCT (10)		1G			*	N	P	Y											
NOV (11)		1G			*	N	P	Y											
DEC (12)		1G			*	N	P	Y											
PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)																			
SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN	DOB	- - - - C O V E R A G E - - - - -												
SELF	CLARENCE	Y	LEE		XXX-XX-6484	03/13/1979	01	02	03	04	05	06	07	08	09	10	11	12	
SPS1	MONICA	LEIGH	MCMILLAN		XXX-XX-0263														
DPO1	ISAAC		LEE			12/23/2016													
DPO2	CLARK	E	LEE		XXX-XX-0935														
DPO3	HARRISON	HALL	LEE		XXX-XX-6693														
NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:					0	(MUST BE PREPARED MANUALLY BY CUSTOMER)													
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:					1														



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1860850998	EMPLOYEE NAME JOHN J LEONTI
XXX-XX-1895	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 622 BLUEBIRD CANYON DR
	ADDR2
	CITY LAGUNA BEACH
	ST CA
	ZIP CODE 92651
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 622 BLUEBIRD CANYON DRIVE
	ADDR2
	CITY LAGUNA BEACH
	ST CA
	ZIP CODE 92651

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JOHN	J	LEONTI		XXX-XX-1895	01/19/1976	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	JENNIFER		LEONTI		XXX-XX-9214		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	LEVI		LEONTI		XXX-XX-8060		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	LUKE	BENJAMIN	LEONTI		XXX-XX-0342		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 2260550798	EMPLOYEE NAME ANGELA	JEAN	LEVIN
XXX-XX-1561	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 1190 STERLING AVENUE		ADDR1 1190 STERLING AVENUE
	ADDR2		ADDR2
	CITY BERKELEY		CITY BERKELEY
	ST CA		ST CA
	ZIP CODE 94708		ZIP CODE 94708

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ANGELA	JEAN	LEVIN		XXX-XX-1561	07/26/1980	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	BENJAMIN	AARON	LEVIN		XXX-XX-3692		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ERIC	ERIC	LEVIN		XXX-XX-4173		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ZACHARY	RYAN	LEVIN		XXX-XX-3470		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0661744450	EMPLOYEE NAME CLARK H LEWIS
XXX-XX-2025	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 9808 ST JULIANS LANE
	ADDR2
	CITY HENRICO
	ST VA
	ZIP CODE 23238
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 9808 ST JULIANS LANE
	ADDR2
	CITY HENRICO
	ST VA
	ZIP CODE 23238

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CLARK	H	LEWIS		XXX-XX-2025	07/16/1963	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KIMBERLY	P	LEWIS		XXX-XX-1988		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	MARY	P	LEWIS		XXX-XX-3579		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	CLARK	H	LEWIS JR		XXX-XX-9287		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0100044451	EMPLOYEE NAME STEPHEN E LEWIS
XXX-XX-2139	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 1040 SPRINGDALE ROAD
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30306
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 1040 SPRINGDALE ROAD
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30306

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	STEPHEN	E	LEWIS		XXX-XX-2139	09/12/1966	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	MARY	ELLEN	HUCKABEE		XXX-XX-0209		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CHARLOTTE	E	LEWIS		XXX-XX-6143		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	CAROLINE	C	LEWIS		XXX-XX-1706		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0160545281	EMPLOYEE NAME CATHERINE LITTLE
XXX-XX-7281	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 4240 WICKERSHAM DRIVE
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30327
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 4240 WICKERSHAM DRIVE NW
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30327

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	N	P Y
FEB	(02)	1G			*	N	P Y
MAR	(03)	1G			*	N	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CATHERINE		LITTLE		XXX-XX-7281	08/20/1964				X	X	X	X	X	X	X	X	X
SPS1	ROBERT	ASHFORD	LITTLE II		XXX-XX-6566					X	X	X	X	X	X	X	X	X
DPO1	ANNALIE	MARIE	LITTLE		XXX-XX-5689					X	X	X	X	X	X	X	X	X
DPO2	ROBERT	DAVIS	LITTLE		XXX-XX-7273					X	X	X	X	X	X	X	X	X
DPO3	NATHANIEL	ASHFORD	LITTLE		XXX-XX-1884					X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 2220250163	EMPLOYEE NAME CHRISTOPHER L LUCAS
XXX-XX-8410	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 2332 N VAN BUREN CT
	ADDR2
	CITY ARLINGTON
	ST VA
	ZIP CODE 22205
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 2332 N VAN BUREN CT
	ADDR2
	CITY ARLINGTON
	ST VA
	ZIP CODE 22205

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	D	P Y
JUN	(06)	1G			*	D	P Y
JUL	(07)	1G			*	D	P Y
AUG	(08)	1G			*	D	P Y
SEP	(09)	1G			*	D	P Y
OCT	(10)	1G			*	D	P Y
NOV	(11)	1G			*	D	P Y
DEC	(12)	1G			*	D	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	CHRISTOPHER	L	LUCAS		XXX-XX-8410	06/07/1978	01	02	03	04	05	06	07	08	09	10	11	12
							X	X	X	X								

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0611844462	EMPLOYEE NAME JACOB	A	LUTZ	III
XXX-XX-0897	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
	ADDR1 3941 REEDS LANDING CIR		ADDR1 3941 REEDS LANDING CIR	
	ADDR2		ADDR2	
	CITY MIDLOTHIAN		CITY MIDLOTHIAN	
	ST VA		ST VA	
	ZIP CODE 23113		ZIP CODE 23113	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
MONTH						*	ENROLL	F/P	EXCL
-----			-----	-----	-----	*	-----	---	---
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	JACOB	A	LUTZ	III	XXX-XX-0897	04/07/1956	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	ROBIN	R	LUTZ		XXX-XX-9410		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1

## PAYROLL REPORTS



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 1150951175	EMPLOYEE NAME AMANDA	STOKES	MANN
XXX-XX-0123	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 3217 KENTLAND LANE		ADDR1 3217 KENTLAND LANE
	ADDR2		ADDR2
	CITY FUQUAY VARINA		CITY FUQUAY VARINA
	ST NC		ST NC
	ZIP CODE 27526		ZIP CODE 27526

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	AMANDA	STOKES	MANN		XXX-XX-0123	10/12/1981	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	JOHN	WILLIAM	MANN		XXX-XX-5041		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CHARLOTTE	SUTTON	MANN		XXX-XX-6926		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	SHELBY	E	MANN		XXX-XX-8120		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	AIDAN	P	STOKES		XXX-XX-9002		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1942845176	EMPLOYEE NAME LOUISE	M	MCCABE
XXX-XX-3883	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 13142 CAMINITO POINTE		ADDR1 13142 CAMINITO POINTE DEL MAR
	ADDR2		ADDR2
	CITY DEL MAR		CITY DEL MAR
	ST CA		ST CA
	ZIP CODE 92014		ZIP CODE 92014

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	LOUISE	M	MCCABE		XXX-XX-3883	10/10/1957	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	SYDNEY	DOROTHY	GRAY		XXX-XX-6394		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0141344468	EMPLOYEE NAME C	LEEANN	MCCURRY
XXX-XX-0294	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 2543 MELINDA DRIVE		ADDR1 2543 MELINDA DRIVE
	ADDR2		ADDR2
	CITY ATLANTA		CITY ATLANTA
	ST GA		ST GA
	ZIP CODE 30345		ZIP CODE 30345

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF C		LEEANN	MCCURRY		XXX-XX-0294	07/17/1961	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0620244470	EMPLOYEE NAME M	KEVIN	MCCUSTY
XXXX-XX-6874		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 807 IDLEWOOD AVENUE		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 807 IDLEWOOD AVENUE	
CITY RICHMOND		ADDR2	
ST VA		CITY RICHMOND	
ZIP CODE 23220		ST VA	
		ZIP CODE 23220	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	M	KEVIN	MCCUSTY		XXX-XX-6874	02/01/1958	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	DAVID	ALAN	MCCUSTY		XXX-XX-6424		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	JOHN	BERNARD	MCCUSTY		XXX-XX-0809		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0160508455	EMPLOYEE NAME CARROLL	W	MCGUFFEY	III
XXXX-XX-6682		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 558 WIMBLEDON ROAD NE		ADDR1 558 WIMBLEDON ROAD NE		
ADDR2		ADDR2		
CITY ATLANTA		CITY ATLANTA		
ST GA		ST GA		
ZIP CODE 30324		ZIP CODE 30324		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CARROLL	W	MCGUFFEY	III	XXX-XX-6682	08/19/1977	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LAURA	ROBERTSON	MCGUFFEY		XXX-XX-9730		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	DENVER	KENT	MCGUFFEY		XXX-XX-6027		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1842845143	EMPLOYEE NAME TERRENCE R MCINNIS
XXX-XX-4216	***** INSIDE/LEGAL ADDRESS *****
	***** OUTSIDE/MAILING ADDRESS *****
ADDR1 33761 SHAMROCK LANE	ADDR1 33761 SHAMROCK LANE
ADDR2	ADDR2
CITY SAN JUAN CAPISTRANO	CITY SAN JUAN CAPISTRANO
ST CA	ST CA
ZIP CODE 92675	ZIP CODE 92675

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	TERRENCE	R	MCINNIS		XXX-XX-4216	07/19/1966	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	PATRICIA	M	MCINNIS		XXX-XX-9098		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	KATHLEEN	R	MCINNIS		XXX-XX-5161		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	MARGARET	L	MCINNIS		XXX-XX-6637		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0620250179	EMPLOYEE NAME JOHN	D	MCPHAUL	II
XXXX-XX-3376		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 3337 KENSINGTON AVENUE		ADDR1 3337 KENSINGTON AVENUE		
ADDR2		ADDR2		
CITY RICHMOND		CITY RICHMOND		
ST VA		ST VA		
ZIP CODE 23221		ZIP CODE 23221		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	JOHN	D	MCPHAUL	II	XXX-XX-3376	06/10/1978	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 1041345235	EMPLOYEE NAME KIRAN HARSHRAJ MEHTA
XXX-XX-7715	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 6831 DUMBARTON DRIVE
	ADDR2
	CITY CHARLOTTE
	ST NC
	ZIP CODE 28210
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 6831 DUMBARTON DRIVE
	ADDR2
	CITY CHARLOTTE
	ST NC
	ZIP CODE 28210

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -
SELF	KIRAN	HARSHRAJ	MEHTA		XXX-XX-7715	07/24/1957	01 02 03 04 05 06 07 08 09 10 11 12
							X X X X X X X X X X X X
NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:				0 (MUST BE PREPARED MANUALLY BY CUSTOMER)			
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:				1			



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0610645077	EMPLOYEE NAME DAVID I MEYERS
XXX-XX-6837	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 30 AMPHILL ROAD
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23226
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 30 AMPHILL ROAD
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23226

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	I	MEYERS		XXX-XX-6837	09/23/1970	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KATHERINE	K	MEYERS		XXX-XX-4574		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	NICHOLAS	GEORGE	MEYERS		XXX-XX-0404		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2241645252	EMPLOYEE NAME DEAN	A	MOREHOUS	JR
XXXX-XX-5065		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 963 14TH STREET		ADDR1 963 14TH STREET		
ADDR2		ADDR2		
CITY SAN FRANCISCO		CITY SAN FRANCISCO		
ST CA		ST CA		
ZIP CODE 94114		ZIP CODE 94114		

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
MONTH						*	ENROLL	F/P	EXCL
-----			-----	-----	-----	*	-----	---	---
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	DEAN	A	MOREHOUS	JR	XXX-XX-5065	03/27/1957	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LILLA	MAE	MOREHOUS		XXX-XX-4929		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1020245249	EMPLOYEE NAME KEITH	ALAN	MROCHEK
XXX-XX-9682	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 3112 WILLOW OAK RD		ADDR1 3112 WILLOW OAK RD
	ADDR2		ADDR2
	CITY CHARLOTTE		CITY CHARLOTTE
	ST NC		ST NC
	ZIP CODE 28209		ZIP CODE 28209

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	KEITH	ALAN	MROCHEK		XXX-XX-9682	05/25/1973	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	MARY LEE	E	MROCHEK		XXX-XX-3007		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ELLINGTON	HELEN	MROCHEK		XXX-XX-2310		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	PERCEVAL	ALAN	MROCHEK		XXX-XX-6435		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0620250831	EMPLOYEE NAME MATTHEW J	MURCKO
XXXX-XX-5814      ***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 8986 KINGS CHARTER DRI		ADDR1 8986 KINGS CHARTER DRIVE
ADDR2		ADDR2
CITY MECHANICSVILLE		CITY MECHANICSVILLE
ST VA		ST VA
ZIP CODE 23116		ZIP CODE 23116

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFx	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MATTHEW	J	MURCKO		XXX-XX-5814	07/09/1964	X	X	X	X	X	X	X	X	X	X		
SPS1	HALLIE	M	MURCKO		XXX-XX-9691		X	X	X	X	X	X	X	X	X	X		
DPO1	THOMAS	HILL	MURCKO		XXX-XX-6098		X	X	X	X	X	X	X	X	X	X		
DPO2	CATHERINE	E	MURCKO		XXX-XX-3874		X	X	X	X	X	X	X	X	X	X		
DPO3	AUDREY	C	MURCKO		XXX-XX-2340		X	X	X	X	X	X	X	X	X	X		

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1






EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1841345178	EMPLOYEE NAME MATTHEW D MURPHEY
XXX-XX-0515	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 103 VIA SONOMA
	ADDR2
	CITY SAN CLEMENTE
	ST CA
	ZIP CODE 92673
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 103 VIA SONOMA
	ADDR2
	CITY SAN CLEMENTE
	ST CA
	ZIP CODE 92673

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MATTHEW	D	MURPHEY		XXX-XX-0515	02/17/1967	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	PATRICIA	D	MURPHEY		XXX-XX-8453		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	RHIANNON	AMANDA	MURPHEY		XXX-XX-0624		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	PAYTON	ELIZABETH	MURPHEY		XXX-XX-2040		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	

1 0 9 5 - C

CITY IRVINE	CITY IRVINE
ST CA	ST CA
ZIP CODE 92603	ZIP CODE 92603

## PLAN START MONTH 01\*

MONTH	OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	* *	FIELDS NOT ON FORM ENROLL F/P	EXCL	
AN (01)	1G			*	S	P	Y
EB (02)	1G			*	S	P	Y
AR (03)	1G			*	S	P	Y
PR (04)	1G			*	S	P	Y
AY (05)	1G			*	S	P	Y
UN (06)	1G			*	S	P	Y
UL (07)	1G			*	S	P	Y
UG (08)	1G			*	S	P	Y
EP (09)	1G			*	S	P	Y
CT (10)	1G			*	S	P	Y
OV (11)	1G			*	N	P	Y
EC (12)	1G			*	N	P	Y

## SELF-INSURED ENROLLMENT X

							-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-	-
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12						
SELF	KIMBERLEY	C	NOBLES		XXX-XX-4995	11/18/1960	X	X	X	X	X	X	X	X	X	X	X	X						
DPO1	CHRISTIAN	EVERETT	NOBLES		XXX-XX-2588		X	X	X	X	X	X	X	X	X	X	X	X						

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0850944575	EMPLOYEE NAME RJ	NUTTER	II
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 1405 BLUE HERON ROAD		ADDR1 1405 BLUE HERON ROAD	
ADDR2		ADDR2	
CITY VIRGINIA BEACH		CITY VIRGINIA BEACH	
ST VA		ST VA	
ZIP CODE 23454		ZIP CODE 23454	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	RJ		NUTTER	II	XXX-XX-2979	04/13/1952	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1541345214	EMPLOYEE NAME RICHARD P OLEARY
XXX-XX-2870	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 236 WHISPERING WOODS C
	ADDR2
	CITY LITTLE SILVER
	ST NJ
	ZIP CODE 07739
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 236 WHISPERING WOODS COURT
	ADDR2
	CITY LITTLE SILVER
	ST NJ
	ZIP CODE 07739

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	RICHARD	P	OLEARY		XXX-XX-2870	08/09/1956	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KELLY	SHAWN	OLEARY		XXX-XX-9544		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CASEY	PATRICK	OLEARY		XXX-XX-6227		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	COLLEEN	MOIRA	OLEARY		XXX-XX-4283		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0161644610	EMPLOYEE NAME CHARLES F PALMER
XXX-XX-6805	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 948 LULLWATER ROAD
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30307
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 948 LULLWATER ROAD
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30307

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CHARLES	F	PALMER		XXX-XX-6805	04/07/1957	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KATHLEEN	L	PALMER		XXX-XX-3069		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	KATHLEEN	D	PALMER		XXX-XX-6541		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	JAMES	MURDOCK	PALMER		XXX-XX-3904		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1141350674	EMPLOYEE NAME GAVIN B PARSONS
XXX-XX-3160	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 4604 OLD VILLAGE ROAD
	ADDR2
	CITY RALEIGH
	ST NC
	ZIP CODE 27612
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 4604 OLD VILLAGE ROAD
	ADDR2
	CITY RALEIGH
	ST NC
	ZIP CODE 27612

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	GAVIN	B	PARSONS		XXX-XX-3160	11/23/1975	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	MELANIE	C	PARSONS		XXX-XX-7126		X	X	X	X	X	X	X	X				
DPO1	TABITHA	ROSE	PARSONS		XXX-XX-4116		X	X	X	X	X	X	X	X				
DPO2	ANSLEY	B	PARSONS		XXX-XX-2349		X	X	X	X	X	X	X	X				
DPO3	GARRETH	A	PARSONS		XXX-XX-7952		X	X	X	X	X	X	X	X				

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1540345043	EMPLOYEE NAME MITCHEL H PERKIEL
XXX-XX-8691	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 2440 HOLIDAY RANCH L00
	ADDR2
	CITY PARK CITY
	ST UT
	ZIP CODE 84060
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 2440 HOLIDAY RANCH LOOP ROAD
	ADDR2
	CITY PARK CITY
	ST UT
	ZIP CODE 84060

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MITCHEL	H	PERKIEL		XXX-XX-8691	10/26/1949	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LOIS		PERKIEL		XXX-XX-8566		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	GRIFFIN	BRETT	PERKIEL		XXX-XX-4448		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0643150056	EMPLOYEE NAME STEPHEN C	PIEPGRASS
XXXX-XX-0406      ***** INSIDE/LEGAL ADDRESS *****      ***** OUTSIDE/MAILING ADDRESS *****		
ADDR1 111 CHARNWOOD ROAD      ADDR1 111 CHARNWOOD ROAD		
ADDR2      ADDR2		
CITY RICHMOND      CITY RICHMOND		
ST VA      ST VA		
ZIP CODE 23229      ZIP CODE 23229		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
					*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)							SELF-INSURED ENROLLMENT X											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	STEPHEN	C	PIEPGRASS		XXX-XX-0406	02/16/1977	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	CANDACE	B	PIEPGRASS		XXX-XX-1774		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	MARY	EVELYN	PIEPGRASS		XXX-XX-4548		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	JACKSON	CHARLES	PIEPGRASS		XXX-XX-7923		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	AMANDA	CAROLINE	PIEPGRASS		XXX-XX-2744		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1






EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0720244657	EMPLOYEE NAME RICHARD M POLLAK
XXX-XX-7970	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 5969 SEARL TERRACE
	ADDR2
	CITY BETHESDA
	ST MD
	ZIP CODE 20816
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 5969 SEARL TERRACE
	ADDR2
	CITY BETHESDA
	ST MD
	ZIP CODE 20816

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-
SELF	RICHARD	M	POLLAK		XXX-XX-7970	12/11/1958	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	DEBBIE	A	POLLAK		XXX-XX-4820		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CLAIRE	A	POLLAK		XXX-XX-0867		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0 (MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160344658	EMPLOYEE NAME EVAN	H	PONTZ
XXXX-XX-0338		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 3972 N STRATFORD RD NE		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 3972 N STRATFORD RD NE	
CITY ATLANTA		ADDR2	
ST GA		CITY ATLANTA	
ZIP CODE 30342		ST GA	
		ZIP CODE 30342	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	EVAN	H	PONTZ		XXX-XX-0338	08/17/1970	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	ELAINE	G	TAYLOR		XXX-XX-8851		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ALYSSA	SARAH	PONTZ		XXX-XX-9940		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	FLETCHER	JONAH	PONTZ		XXX-XX-9939		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1520245033	EMPLOYEE NAME MITCHELL	P	PORTNOY
XXX-XX-1367	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 54 VALLEY VIEW		ADDR1 54 VALLEY VIEW
	ADDR2		ADDR2
	CITY CHAPPAQUA		CITY CHAPPAQUA
	ST NY		ST NY
	ZIP CODE 10514		ZIP CODE 10514

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*					
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MITCHELL	P	PORTNOY		XXX-XX-1367	01/19/1958	X	X	X	X	X	X	X	X	X	X	X	
SPS1	AMY	B	PORTNOY		XXX-XX-9739		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	

EMPLOYEE LEVEL INFORMATION RECEIVING FORM								1095-C															
EMP ID/SSN O111844660 XXX-XX-3073	EMPLOYEE NAME  		THOMAS O POWELL																				
***** INSIDE/LEGAL ADDRESS ***** ADDR1 4700 POLO LANE NW ADDR2 CITY ATLANTA ST GA ZIP CODE 30339				**** OUTSIDE/MAILING ADDRESS **** ADDR1 4700 POLO LANE NW ADDR2 CITY ATLANTA ST GA ZIP CODE 30339																			
<b>PART II (OFFER AND COVERAGE)</b>																							
				PLAN START MONTH O1*																			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 498OH SAFE HARBOR	*	FIELDS NOT ON FORM ENROLL F/P EXCL																	
JAN	(O1)	1G			*	S	P	Y															
FEB	(O2)	1G			*	S	P	Y															
MAR	(O3)	1G			*	S	P	Y															
APR	(O4)	1G			*	S	P	Y															
MAY	(O5)	1G			*	S	P	Y															
JUN	(O6)	1G			*	S	P	Y															
JUL	(O7)	1G			*	S	P	Y															
AUG	(O8)	1G			*	S	P	Y															
SEP	(O9)	1G			*	S	P	Y															
OCT	(10)	1G			*	S	P	Y															
NOV	(11)	1G			*	S	P	Y															
DEC	(12)	1G			*	S	P	Y															
<b>PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)</b>				SELF-INSURED ENROLLMENT X																			
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	----- C O V E R A G E -----																
SELF	THOMAS	O	POWELL		XXX-XX-3073	11/22/1948	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
SPS1	JO ANN		POWELL		XXX-XX-7430		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:				0	(MUST BE PREPARED MANUALLY BY CUSTOMER)																		
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:				1																			



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1842845144	EMPLOYEE NAME ROBERT	M	POZIN		
XXXX-XX-2155		***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 20 POINT LOMA DR		ADDR1 20 POINT LOMA DR		ADDR1 20 POINT LOMA DR	
ADDR2		ADDR2		ADDR2	
CITY CORONA DEL MAR		CITY CORONA DEL MAR		CITY CORONA DEL MAR	
ST CA		ST CA		ST CA	
ZIP CODE 92625		ZIP CODE 92625		ZIP CODE 92625	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ROBERT	M	POZIN		XXX-XX-2155	11/02/1954	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	BANO	G	POZIN		XXX-XX-4185		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	LEILA	Y	POZIN		XXX-XX-5878		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	NATHANIEL	D	POZIN		XXX-XX-2301		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0542845133	EMPLOYEE NAME RICHARD J PRATT
XXX-XX-0317	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 6509 RYANLYNN DR
	ADDR2
	CITY FAIRFAX STATION
	ST VA
	ZIP CODE 22039
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 6509 RYANLYNN DR
	ADDR2
	CITY FAIRFAX STATION
	ST VA
	ZIP CODE 22039

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	RICHARD	J	PRATT		XXX-XX-0317	10/11/1965	X	X	X	X	X	X	X	X	X	X		
SPS1	CYNTHIA	MATHER	PRATT		XXX-XX-2664		X	X	X	X	X	X	X	X	X	X		
DPO1	THOMAS	BRECCAN	PRATT		XXX-XX-6241		X	X	X	X	X	X	X	X	X	X		
DPO2	SHAILEY	GRACE	PRATT		XXX-XX-6664		X	X	X	X	X	X	X	X	X	X		
DPO3	TAEGAN	MATHER	PRATT		XXX-XX-8184		X	X	X	X	X	X	X	X	X	X		
DPO4	RICHARD	JAMES	PRATT		XXX-XX-4561		X	X	X	X	X	X	X	X	X	X		

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1840945260	EMPLOYEE NAME RONALD I RAETHER JR
XXX-XX-5856	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 1017 SKYLINE DRIVE
	ADDR2
	CITY LAGUNA BEACH
	ST CA
	ZIP CODE 92651
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 1017 SKYLINE DRIVE
	ADDR2
	CITY LAGUNA BEACH
	ST CA
	ZIP CODE 92651

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	RONALD	I	RAETHER	JR	XXX-XX-5856	06/15/1969	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	MARLEY	J	RAETHER		XXX-XX-1407		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ASHLEY	A	RAETHER		XXX-XX-4276		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ALLISON	N	RAETHER		XXX-XX-6579		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	ABIGAIL	M	RAETHER		XXX-XX-1644		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 1041845241	EMPLOYEE NAME SAMUEL	TIMOTHY	REAVES
XXX-XX-2478	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 512 SHASTA LANE		ADDR1 512 SHASTA LANE
	ADDR2		ADDR2
	CITY CHARLOTTE		CITY CHARLOTTE
	ST NC		ST NC
	ZIP CODE 28211		ZIP CODE 28211

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	SAMUEL	TIMOTHY	REAVES		XXX-XX-2478	12/18/1972	X	X	X	X	X	X	X	X	X	X	X	
SPS1	JENNIFER	FIELDS	REAVES		XXX-XX-2732		X	X	X	X	X	X	X	X	X	X	X	
DPO1	LUCAS	GRAHAM	REAVES		XXX-XX-4925		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1842845160	EMPLOYEE NAME MONIQUE MARIAH REESE
XXX-XX-7952	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 2122 PATRICIA AVENUE
	ADDR2
	CITY LOS ANGELES
	ST CA
	ZIP CODE 90025
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 2122 PATRICIA AVENUE
	ADDR2
	CITY LOS ANGELES
	ST CA
	ZIP CODE 90025

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MONIQUE	MARIAH	REESE		XXX-XX-7952	08/28/1974	X	X	X	X	X	X	X	X	X	X	X	
DPO1	GARRETT	MICHAEL	REESE		XXX-XX-5338		X	X	X	X	X	X	X	X	X	X	X	
DPO2	LUKE	THOMPSON	REESE		XXX-XX-2598		X	X	X	X	X	X	X	X	X	X	X	
DPO3	ALEXANDRA	CHRISTIANE	REESE		XXX-XX-6222		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0111250016	EMPLOYEE NAME ROGER S REIGNER JR
XXX-XX-1839	***** INSIDE/LEGAL ADDRESS ***** ADDR1 121 17TH STREET ADDR2 CITY ATLANTA ST GA ZIP CODE 30309
	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 121 17TH STREET ADDR2 CITY ATLANTA ST GA ZIP CODE 30309

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ROGER	S	REIGNER	JR	XXX-XX-1839	02/18/1955	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KAREN	M	REIGNER		XXX-XX-6820		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ANNA	L	REIGNER		XXX-XX-9030		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	JOSEPH	G	REIGNER		XXX-XX-7969		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	JOHN	C	REIGNER		XXX-XX-6622		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0110650812	EMPLOYEE NAME BRAD RUSSELL	RESWEBER
XXXX-XX-0931      ***** INSIDE/LEGAL ADDRESS *****      ***** OUTSIDE/MAILING ADDRESS *****		
ADDR1 1838 GREYSTONE ROAD      ADDR1 1838 GREYSTONE ROAD		
ADDR2      ADDR2		
CITY ATLANTA      CITY ATLANTA		
ST GA      ST GA		
ZIP CODE 30318      ZIP CODE 30318		

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	BRAD	RUSSELL	RESWEBER		XXX-XX-0931	04/28/1982	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LACIE	QUINN	RESWEBER		XXX-XX-7065		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ELEANOR	ELIZABETH	RESWEBER		XXX-XX-0262			X	X	X	X	X	X	X	X	X	X	X
DPO2	ANNE	BRADLEY	RESWEBER		XXX-XX-4763		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	QUINN	MARIE	RESWEBER		XXX-XX-2751		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2160851931	EMPLOYEE NAME SCOTT	MATHEW	RICKARD
XXX-XX-5925	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 13890 SW BULL MOUNTAIN		ADDR1 13890 SW BULL MOUNTAIN RD
	ADDR2		ADDR2
	CITY PORTLAND		CITY PORTLAND
	ST OR		ST OR
	ZIP CODE 97224		ZIP CODE 97224

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	SCOTT	MATHEW	RICKARD		XXX-XX-5925	08/13/1971	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	SHANNON	N	RICKARD		XXX-XX-6469		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ELEANOR	G	RICKARD		XXX-XX-4395		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160344754	EMPLOYEE NAME STEPHEN W	RIDDELL
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 1021 ABINGTON COURT		ADDR1 1021 ABINGTON COURT
ADDR2		ADDR2
CITY BROOKHAVEN		CITY BROOKHAVEN
ST GA		ST GA
ZIP CODE 30319		ZIP CODE 30319

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	STEPHEN	W	RIDDELL		XXX-XX-9838	10/09/1959	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KAREN	S	RIDDELL		XXX-XX-9044		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ANNE	W	RIDDELL		XXX-XX-5710		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ASHLEY	E	RIDDELL		XXX-XX-4116		X	X	X	X	X							

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0141845052	EMPLOYEE NAME FRANK E RIGGS JR
XXX-XX-3821	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 4266 EXETER CLOSE NW
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30327
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 4266 EXETER CLOSE NW
	ADDR2
	CITY ATLANTA
	ST GA
	ZIP CODE 30327

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	FRANK	E	RIGGS	JR	XXX-XX-3821	08/09/1948	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	BETHANY	B	RIGGS		XXX-XX-7839		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0160544761	EMPLOYEE NAME ANDREA	RIMER
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 3028 RHODENHAVEN DRIVE		ADDR1 3028 RHODENHAVEN DRIVE
ADDR2		ADDR2
CITY ATLANTA		CITY ATLANTA
ST GA		ST GA
ZIP CODE 30327		ZIP CODE 30327

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	D	P	Y
FEB	(02)	1G			*	D	P	Y
MAR	(03)	1G			*	D	P	Y
APR	(04)	1G			*	D	P	Y
MAY	(05)	1G			*	D	P	Y
JUN	(06)	1G			*	D	P	Y
JUL	(07)	1G			*	D	P	Y
AUG	(08)	1G			*	D	P	Y
SEP	(09)	1G			*	D	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	ANDREA		RIMER		XXX-XX-2643	02/07/1972	01	02	03	04	05	06	07	08	09	10	11	12
															X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0120244753	EMPLOYEE NAME MATTHEW	F	ROBERTS
XXX-XX-4097	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 2204 AUSTIN LAKE DR	ADDR1 2204 AUSTIN LAKE DR	
	ADDR2	ADDR2	
	CITY SMYRNA	CITY SMYRNA	
	ST GA	ST GA	
	ZIP CODE 30082	ZIP CODE 30082	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MATTHEW	F	ROBERTS		XXX-XX-4097	11/28/1964	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	SUSAN		ROBERTS		XXX-XX-2465		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	JOSHUA	JAMES	ROBERTS		XXX-XX-5689		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	OLIVIA		ROBERTS		XXX-XX-0479		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	NICHOLAS		ROBERTS		XXX-XX-5003		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 1541645182	EMPLOYEE NAME JOSEPH R ROBINSON
XXX-XX-9308	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 445 BEECHMONT DRIVE
	ADDR2
	CITY NEW ROCHELLE
	ST NY
	ZIP CODE 10804
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 445 BEECHMONT DRIVE
	ADDR2
	CITY NEW ROCHELLE
	ST NY
	ZIP CODE 10804

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X											
						- - - - C O V E R A G E - - - - -									
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09
SELF	JOSEPH	R	ROBINSON		XXX-XX-9308	07/29/1950	X	X	X	X	X	X	X	X	X
SPS1	SHERI	L	ROBINSON		XXX-XX-8364		X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0161707003	EMPLOYEE NAME MILLER	PETERSON	ROBINSON
XXX-XX-7102	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 2555 OLD RIVER ROAD		ADDR1 2555 OLD RIVER ROAD
	ADDR2		ADDR2
	CITY FORTSON		CITY FORTSON
	ST GA		ST GA
	ZIP CODE 31808		ZIP CODE 31808

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFx	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MILLER	PETERSON	ROBINSON		XXX-XX-7102	12/04/1954	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	EMILY		ROBINSON		XXX-XX-4788		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	THOMAS	GRANT	ROBINSON		XXX-XX-9755		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	MILLER	PETERSON	ROBINSON JR		XXX-XX-7969		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	CAROLYN		ROBINSON		XXX-XX-8434		X	X	X	X	X	X	X	X				

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1910645274	EMPLOYEE NAME EDDIE	RODRIGUEZ	
XXX-XX-0684	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 17050 BUTTERFIELD TRAI	ADDR1 17050 BUTTERFIELD TRAIL	
	ADDR2	ADDR2	
	CITY POWAY	CITY POWAY	
	ST CA	ST CA	
	ZIP CODE 92064	ZIP CODE 92064	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	N	P Y
FEB	(02)	1G			*	N	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	EDDIE		RODRIGUEZ		XXX-XX-0684	05/17/1967	X	X	X	X	X	X	X	X	X	X		
SPS1	AMY	BETH	URENA-RODRIGUEZ		XXX-XX-8220		X	X	X	X	X	X	X	X	X	X		
DPO1	MICHELA	NICOLE	RODRIGUEZ		XXX-XX-2619		X	X	X	X	X	X	X	X	X	X		
DPO2	JOSHUA	LOREN	RODRIGUEZ		XXX-XX-6983		X	X	X	X	X	X	X	X	X	X		

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0161344758	EMPLOYEE NAME DEWITT	R	ROGERS
XXX-XX-1205	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 360 GLENDALE AVE		ADDR1 360 GLENDALE AVE
	ADDR2		ADDR2
	CITY DECATUR		CITY DECATUR
	ST GA		ST GA
	ZIP CODE 30030		ZIP CODE 30030

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X											
						- - - - C O V E R A G E - - - - -									
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09
SELF	DEWITT	R	ROGERS		XXX-XX-1205	09/26/1952	X	X	X	X	X	X	X	X	X
SPS1	CLAIRE	H	ROGERS		XXX-XX-0261		X	X	X	X	X	X	X	X	X
DPO1	ELIZABETH		ROGERS		XXX-XX-7354		X	X	X	X	X	X	X	X	X
DPO2	LAURA	A	ROGERS		XXX-XX-6421		X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0561145011	EMPLOYEE NAME DAVID	B	RUBIN
XXX-XX-3772	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
TERM YR-17	ADDR1 4214 ROSE THICKET LANE		ADDR1 4214 ROSE THICKET LANE
	ADDR2		ADDR2
	CITY FAIRFAX		CITY FAIRFAX
	ST VA		ST VA
	ZIP CODE 22030		ZIP CODE 22030

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	N	P	Y
SEP	(09)	1G			*	N	P	Y
OCT	(10)	1G			*	N	P	Y
NOV	(11)	1G			*	N	P	Y
DEC	(12)	1G			*	N	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

						- - - - C O V E R A G E - - - - -												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	DAVID	B	RUBIN		XXX-XX-3772	10/20/1960	X	X	X	X	X	X	X					

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0542851499	EMPLOYEE NAME JORDAN M RUBINSTEIN
XXX-XX-9019	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 14202 SILENT WOOD WAY
	ADDR2
	CITY NORTH POTOMAC
	ST MD
	ZIP CODE 20878
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 14202 SILENT WOOD WAY
	ADDR2
	CITY NORTH POTOMAC
	ST MD
	ZIP CODE 20878

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JORDAN	M	RUBINSTEIN		XXX-XX-9019	03/06/1978	X	X	X	X	X	X	X	X	X	X	X	
SPS1	NAOMI		RUBINSTEIN		XXX-XX-0510		X	X	X	X	X	X	X	X	X	X	X	
DPO1	SAM		RUBINSTEIN		XXX-XX-8675		X	X	X	X	X	X	X	X	X	X	X	
DPO2	MAX		RUBINSTEIN		XXX-XX-3036		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0141350814	EMPLOYEE NAME S	ERIC	RUMANEK
XXX-XX-1125	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 2138 MCKINLEY ROAD		ADDR1 2138 MCKINLEY ROAD
	ADDR2		ADDR2
	CITY ATLANTA		CITY ATLANTA
	ST GA		ST GA
	ZIP CODE 30318		ZIP CODE 30318

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	S	ERIC	RUMANEK		XXX-XX-1125	06/20/1982	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	CASEY	MCFARLAND	RUMANEK		XXX-XX-3003		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CALVIN	JAMES	RUMANEK		XXX-XX-6204		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	CHARLOTTE	BROOKE	RUMANEK		XXX-XX-6401		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	DAVIS	JACKSON	RUMANEK		XXX-XX-6204		X	X	X	X	X	X	X	X	X	X	X	X
DPO4	CAMPBELL	JOY	RUMANEK		XXX-XX-2510		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0141644805	EMPLOYEE NAME DOUGLAS D	SALYERS
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
XXX-XX-0642		
ADDR1 3794 LAND O LAKES DR		ADDR1 3794 LAND O LAKES DR
ADDR2		ADDR2
CITY ATLANTA		CITY ATLANTA
ST GA		ST GA
ZIP CODE 30342		ZIP CODE 30342

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*					
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	DOUGLAS	D	SALYERS		XXX-XX-0642	06/15/1957	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	ELIZABETH	M	SALYERS		XXX-XX-8042		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1541645184	EMPLOYEE NAME ROBERT	SCHAFFER
XXX-XX-2866	***** INSIDE/LEGAL ADDRESS ***** ADDR1 425 E 51ST STREET ADDR2 10B CITY NEW YORK ST NY ZIP CODE 10022	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 425 E 51ST STREET ADDR2 10B CITY NEW YORK ST NY ZIP CODE 10022

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	ROBERT		SCHAFFER		XXX-XX-2866	02/22/1958	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1560845276	EMPLOYEE NAME ANDREW D	SCHIFRIN
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 27 WOODMILL ROAD		ADDR1 27 WOODMILL ROAD
ADDR2		ADDR2
CITY CHAPPAQUA		CITY CHAPPAQUA
ST NY		ST NY
ZIP CODE 10514		ZIP CODE 10514

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	N	P Y
FEB	(02)	1G			*	N	P Y
MAR	(03)	1G			*	N	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ANDREW	D	SCHIFRIN		XXX-XX-2670	08/29/1964				X	X	X	X	X	X	X	X	
SPS1	EMMA	LOUISE	SCHIFRIN		XXX-XX-3598					X	X	X	X	X	X	X	X	
DPO1	DAVID	OSWALD	SCHIFRIN		XXX-XX-6558					X	X	X	X	X	X	X	X	
DPO2	BENJAMIN	JAMES	SCHIFRIN		XXX-XX-7387					X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0161345256	EMPLOYEE NAME FRANK	ALAN	SCHILLER
XXX-XX-9041	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 1065 PEACHTREE ST NE		ADDR1 1065 PEACHTREE ST NE
	ADDR2 UNIT 3101		ADDR2 UNIT 3101
	CITY ATLANTA		CITY ATLANTA
	ST GA		ST GA
	ZIP CODE 30309		ZIP CODE 30309

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	FRANK	ALAN	SCHILLER		XXX-XX-9041	03/08/1961	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0141602026	EMPLOYEE NAME RYAN	A	SCHNEIDER
XXXX-XX-6789		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 4640 MOUNT PARAN PKWY		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 4640 MOUNT PARAN PKWY	
CITY ATLANTA		ADDR2	
ST GA		CITY ATLANTA	
ZIP CODE 30327-3726		ST GA	
		ZIP CODE 30327-3726	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	RYAN	A	SCHNEIDER		XXX-XX-6789	05/29/1968	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	JENNIFER	BETH	TOURIAL		XXX-XX-1413		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	OWEN	ROARKE	SCHNEIDER		XXX-XX-5840		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	GRAY	SALEM	SCHNEIDER		XXX-XX-8700		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	LILY	MAYA	SCHNEIDER		XXX-XX-3744		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0141603836	EMPLOYEE NAME JAMES E SCHUTZ
XXX-XX-1985	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 8660 RIVER TRCE
	ADDR2
	CITY ROSWELL
	ST GA
	ZIP CODE 30076
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 8660 RIVER TRCE
	ADDR2
	CITY ROSWELL
	ST GA
	ZIP CODE 30076

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	JAMES	E	SCHUTZ		XXX-XX-1985	12/29/1971	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	JOSELYN	H	SCHUTZ		XXX-XX-4931		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ANNA		SCHUTZ		XXX-XX-8685		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	JOHN	PAUL	SCHUTZ		XXX-XX-9503		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	ANTHONY	J	SCHUTZ		XXX-XX-9346		X	X	X	X	X	X	X	X	X	X	X	X
DPO4	MATTHEW	D	SCHUTZ		XXX-XX-3065		X	X	X	X	X	X	X	X	X	X	X	X
DPO5	KIERSTEN	A	SCHUTZ		XXX-XX-1656		X	X	X	X	X	X	X	X	X	X	X	X
DPO6	OLIVER	J	SCHUTZ		XXX-XX-9383					X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0600044832	EMPLOYEE NAME ROBERT D	SEABOLT
XXX-XX-0140	***** INSIDE/LEGAL ADDRESS ***** ADDR1 104 BANBURY RD ADDR2 CITY RICHMOND ST VA ZIP CODE 23221	***** OUTSIDE/MAILING ADDRESS ***** ADDR1 C/O TROUTMAN SANDERS ADDR2 1001 HAXALL POINT CITY RICHMOND ST VA ZIP CODE 23219

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ROBERT	D	SEABOLT		XXX-XX-0140	03/23/1955	X	X	X	X	X	X	X	X	X	X	X	
SPS1	BEVERLY	ROBIN	LEVINA		XXX-XX-7221		X	X	X	X	X	X	X	X	X	X	X	
DPO1	MEREDITH	B	SEABOLT		XXX-XX-0212		X	X	X	X	X	X	X	X	X	X	X	
DPO2	CAROLINE	S	SEABOLT		XXX-XX-4467		X	X	X	X	X	X	X	X	X			

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0620344845	EMPLOYEE NAME MARK	MARK S	SHIEMBOB
XXXX-XX-1552		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 4307 DOVER ROAD		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 4307 DOVER ROAD	
CITY RICHMOND		ADDR2	
ST VA		CITY RICHMOND	
ZIP CODE 23221		ST VA	
		ZIP CODE 23221	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
MONTH						*	ENROLL	F/P	EXCL
-----			-----	-----	-----	*	-----	---	---
JAN	(01)		1G			*	S	P	Y
FEB	(02)		1G			*	S	P	Y
MAR	(03)		1G			*	S	P	Y
APR	(04)		1G			*	S	P	Y
MAY	(05)		1G			*	S	P	Y
JUN	(06)		1G			*	S	P	Y
JUL	(07)		1G			*	S	P	Y
AUG	(08)		1G			*	S	P	Y
SEP	(09)		1G			*	S	P	Y
OCT	(10)		1G			*	S	P	Y
NOV	(11)		1G			*	S	P	Y
DEC	(12)		1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																				
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	-	-	-	-	C	O	V	E	R	A	G	E	-	-	-	-	-	-
SELF	MARK	S	SHIEMBOB		XXX-XX-1552	05/12/1956	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	CHERYL	ELLEN	SHIEMBOB		XXX-XX-4781		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0561144880	EMPLOYEE NAME CLIFFORD S SIKORA
XXX-XX-5293	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 6827 BRIMSTONE LANE
	ADDR2
	CITY FAIRFAX STATION
	ST VA
	ZIP CODE 22039
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 6827 BRIMSTONE LANE
	ADDR2
	CITY FAIRFAX STATION
	ST VA
	ZIP CODE 22039

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CLIFFORD	S	SIKORA		XXX-XX-5293	05/14/1962	X	X	X	X	X	X	X	X	X	X	X	
SPS1	VALERIE	D	SIKORA		XXX-XX-1829		X	X	X	X	X	X	X	X	X	X	X	
DPO1	SAMUEL	R	SIKORA		XXX-XX-9355		X	X	X	X	X	X	X	X	X	X	X	
DPO2	HANNAH	J	SIKORA		XXX-XX-6734		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0150908909	EMPLOYEE NAME WENDELIN	WHITE	SILLIMAN
XXX-XX-0641	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 50 HUNTINGTON ROAD		ADDR1 50 HUNTINGTON ROAD
	ADDR2		ADDR2
	CITY ATLANTA		CITY ATLANTA
	ST GA		ST GA
	ZIP CODE 30309		ZIP CODE 30309

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	WENDELIN	WHITE	SILLIMAN		XXX-XX-0641	01/22/1968	X	X	X	X	X	X	X	X	X	X	X	
SPS1	ROBERT	T	SILLIMAN		XXX-XX-8591		X	X	X	X	X	X	X	X	X	X	X	
DPO1	MARGARET	D	SILLIMAN		XXX-XX-5999		X	X	X	X	X	X	X	X	X	X	X	
DPO2	ROBERT	A	SILLIMAN		XXX-XX-6947		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 2161130211	EMPLOYEE NAME LARA	L	SKIDMORE
XXXX-XX-3452		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 4464 LAKEVIEW BOULEVAR		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 4464 LAKEVIEW BOULEVARD	
CITY LAKE OSWEGO		ADDR2	
ST OR		CITY LAKE OSWEGO	
ZIP CODE 97035		ST OR	
		ZIP CODE 97035	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	LARA	L	SKIDMORE		XXX-XX-3452	07/06/1969	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0620305193	EMPLOYEE NAME ASHANTE	LATANYA	SMITH
XXX-XX-6580	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 705 N 32ND STREET		ADDR1 705 N 32ND STREET
	ADDR2		ADDR2
	CITY RICHMOND		CITY RICHMOND
	ST VA		ST VA
	ZIP CODE 23223		ZIP CODE 23223

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

													- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12						
SELF	ASHANTE	LATANYA	SMITH		XXX-XX-6580	03/03/1977	X	X	X	X	X	X	X	X	X	X	X	X						

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:    0    (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:                    1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0660545210	EMPLOYEE NAME BROOKS MEREDITH SMITH
XXX-XX-2308	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 3806 SULGRAVE ROAD
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23221
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 3806 SULGRAVE ROAD
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23221

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	BROOKS	MEREDITH	SMITH		XXX-XX-2308	10/20/1970	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	JENNIFER	ESWAY	SMITH		XXX-XX-4923		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	CHRISTIAN	L	SMITH		XXX-XX-9670		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	ETHAN	ESWAY	SMITH		XXX-XX-4307		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	EMMA	ELIZABETH	SMITH		XXX-XX-8294		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2110651939	EMPLOYEE NAME SHONA	CATRIONA	SMITH
XXXX-XX-9162		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 4450 163 PL SE		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 4450 163 PL SE	
CITY BELLEVUE		ADDR2	
ST WA		CITY BELLEVUE	
ZIP CODE 98006		ST WA	
		ZIP CODE 98006	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	D	P	Y
SEP	(09)	1G			*	D	P	Y
OCT	(10)	1G			*	D	P	Y
NOV	(11)	1G			*	D	P	Y
DEC	(12)	1G			*	D	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

						- - - - C O V E R A G E - - - - -												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	SHONA	CATRIONA	SMITH		XXX-XX-9162	11/22/1967	X	X	X	X	X	X	X					

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0111845198	EMPLOYEE NAME JAMES W STEVENS
XXX-XX-3039	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 4261 MANER STREET SE
	ADDR2
	CITY SMYRNA
	ST GA
	ZIP CODE 30080
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 4261 MANER STREET SE
	ADDR2
	CITY SMYRNA
	ST GA
	ZIP CODE 30080

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JAMES	W	STEVENS		XXX-XX-3039	08/02/1975	X	X	X	X	X	X	X	X	X	X	X	
SPS1	MELANIE		STEVENS		XXX-XX-8326		X	X	X	X	X	X	X	X	X	X	X	
DPO1	JAMES	WILLIAM	STEVENS III		XXX-XX-0904		X	X	X	X	X	X	X	X	X	X	X	
DPO2	CAROLINE	CAUSEY	STEVENS		XXX-XX-9651		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1150944879	EMPLOYEE NAME ASHLEY	H	STORY
XXXX-XX-9574		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 1810 CRAIG ST		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 1810 CRAIG ST	
CITY RALEIGH		ADDR2	
ST NC		CITY RALEIGH	
ZIP CODE 27608		ST NC	
		ZIP CODE 27608	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ASHLEY	H	STORY		XXX-XX-9574	05/22/1956	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	JANE		FINCH		XXX-XX-6823		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	SAVANNAH	JANE	STORY		XXX-XX-6729		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	HAMPTON	ASHLEY	STORY		XXX-XX-3356		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1541645208	EMPLOYEE NAME CLARK	GERALD	SULLIVAN
XXX-XX-4064	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
TERM YR-16	ADDR1 5 TUDOR CITY		ADDR1 5 TUDOR CITY
	ADDR2 1734		ADDR2 1734
	CITY NEW YORK		CITY NEW YORK
	ST NY		ST NY
	ZIP CODE 10017		ZIP CODE 10017

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	N	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	CLARK	GERALD	SULLIVAN		XXX-XX-4064	04/20/1964	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:    0    (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:                    1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 5841344929	EMPLOYEE NAME ERIC A SZWEDA
XXX-XX-4874	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 C/O TROUTMAN SANDERS L
	ADDR2 600 PEACHTREE STNE 520
	CITY ATLANTA
	ST GA
	ZIP CODE 30308
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 C/O TROUTMAN SANDERS LLP
	ADDR2 600 PEACHTREE STNE 5200
	CITY ATLANTA
	ST GA
	ZIP CODE 30308

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFx	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ERIC	A	SZWEDA		XXX-XX-4874	04/22/1964	X	X	X	X	X	X	X	X	X	X	X	
SPS1	ELISA		SZWEDA		XXX-XX-9022		X	X	X	X	X	X	X	X	X	X	X	
DPO1	MARGARET		SZWEDA		XXX-XX-3961		X	X	X	X	X	X	X	X	X	X	X	
DPO2	LILA		SZWEDA		XXX-XX-4776		X	X	X	X	X	X	X	X	X	X	X	
DPO3	SARAH		SZWEDA		XXX-XX-4253		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0643144924	EMPLOYEE NAME ASHLEY L TAYLOR JR
XXX-XX-4791	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 4500 COVENTRY ROAD
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23221
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 4500 COVENTRY ROAD
	ADDR2
	CITY RICHMOND
	ST VA
	ZIP CODE 23221

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	ASHLEY	L	TAYLOR	JR	XXX-XX-4791	07/14/1968	X	X	X	X	X	X	X	X	X	X	X	
SPS1	GAIL	H	TAYLOR		XXX-XX-1573		X	X	X	X	X	X	X	X	X	X	X	
DPO1	COLLIN	B	TAYLOR		XXX-XX-6706		X	X	X	X	X	X	X	X	X	X	X	
DPO2	JULIAN	L	TAYLOR		XXX-XX-1768		X	X	X	X	X	X	X	X	X	X	X	
DPO3	LYDIA	P	TAYLOR		XXX-XX-8929		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1820245173	EMPLOYEE NAME MARTIN W TAYLOR
XXX-XX-0681	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 1954 PORT LOCKSLEIGH
	ADDR2
	CITY NEWPORT BEACH
	ST CA
	ZIP CODE 92660

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	MARTIN	W	TAYLOR		XXX-XX-0681	10/19/1963	X	X	X	X	X	X	X	X	X	X	X	
SPS1	SARA	EILEEN	TAYLOR		XXX-XX-9641		X	X	X	X	X	X	X	X	X	X	X	
DPO1	MASON	DANIEL	TAYLOR		XXX-XX-8020		X	X	X	X	X	X	X	X	X	X	X	
DPO2	MIA	LYNN	TAYLOR		XXX-XX-8296		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1841645264	EMPLOYEE NAME JENNIFER A	TRUSSO
***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
ADDR1 2579 N AVALON AVENUE		ADDR1 2579 N AVALON AVENUE
ADDR2		ADDR2
CITY ORANGE		CITY ORANGE
ST CA		ST CA
ZIP CODE 92867		ZIP CODE 92867

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JENNIFER	A	TRUSSO		XXX-XX-3043	11/26/1972	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	HAROLD	G	SALINAS		XXX-XX-9293		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	TESSA		SALINAS		XXX-XX-8318		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	EMMA		SALINAS		XXX-XX-7689		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	NEIL		TRUSSO		XXX-XX-7059		X	X	X	X	X	X	X	X	X	X	X	X
DPO4	ANTHONY		TRUSSO		XXX-XX-1011		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1841345243	EMPLOYEE NAME PETER N VILLAR
XXX-XX-6581	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 23811 INVERNESS PLACE
	ADDR2
	CITY LAGUNA NIGUEL
	ST CA
	ZIP CODE 92677
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 23811 INVERNESS PLACE
	ADDR2
	CITY LAGUNA NIGUEL
	ST CA
	ZIP CODE 92677

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	PETER	N	VILLAR		XXX-XX-6581	02/27/1972	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KERRY	SABLE	VILLAR		XXX-XX-2759		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	LOLA	FRANK	VILLAR		XXX-XX-0386		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	BEAU	ROBERT	VILLAR		XXX-XX-9024		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	COLE	PEARSON	VILLAR		XXX-XX-6370		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




----- EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C -----

EMP ID/SSN 0610645223	EMPLOYEE NAME CHARLES E WALL
XXX-XX-8852	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 101 GRATTAN ROAD
	ADDR2
	CITY HENRICO
	ST VA
	ZIP CODE 23229
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 101 GRATTAN ROAD
	ADDR2
	CITY HENRICO
	ST VA
	ZIP CODE 23229

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	CHARLES	E	WALL		XXX-XX-8852	10/22/1963	X	X	X	X	X	X	X	X	X	X	X	
SPS1	PAULINE		WALL		XXX-XX-2002		X	X	X	X	X	X	X	X	X	X	X	
DPO1	ABIGAIL		WALL		XXX-XX-1719		X	X	X	X	X	X	X	X	X	X	X	
DPO2	CAROLINE		WALL		XXX-XX-6441		X	X	X	X	X	X	X	X	X	X	X	

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0141350077	EMPLOYEE NAME BRIAN	P	WATT
XXX-XX-3604	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 236 MEAD ROAD	ADDR1 236 MEAD ROAD	
	ADDR2	ADDR2	
	CITY DECATUR	CITY DECATUR	
	ST GA	ST GA	
	ZIP CODE 30030	ZIP CODE 30030	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	BRIAN	P	WATT		XXX-XX-3604	06/23/1974	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	SUMMER	S	WATT		XXX-XX-9555		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	ADAM	CANNON	WATT		XXX-XX-8511		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	AVERY	E	WATT		XXX-XX-6440		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	SOPHIE	E	WATT		XXX-XX-8365		X	X	X	X	X	X	X	X	X	X	X	X
DPO4	ELISE	J	WATT		XXX-XX-9600		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1510645233	EMPLOYEE NAME MICHAEL WEINSIER
XXX-XX-9655	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 1080 FIFTH AVENUE
	ADDR2 APT 7A
	CITY NEW YORK
	ST NY
	ZIP CODE 10128
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 1080 FIFTH AVENUE
	ADDR2 APT 7A
	CITY NEW YORK
	ST NY
	ZIP CODE 10128

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	D	P Y
FEB	(02)	1G			*	D	P Y
MAR	(03)	1G			*	D	P Y
APR	(04)	1G			*	D	P Y
MAY	(05)	1G			*	D	P Y
JUN	(06)	1G			*	D	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X																	
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -														
							01	02	03	04	05	06	07	08	09	10	11	12			
SELF	MICHAEL		WEINSIER		XXX-XX-9655	11/03/1961										X	X	X	X	X	X
SPS1	MARCY	A	BERG		XXX-XX-6659											X	X	X	X	X	X
DPO1	MATTHEW	R	WEINSIER		XXX-XX-7828											X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1550945255	EMPLOYEE NAME JEFFREY	H	WEITZMAN
XXX-XX-1213		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 418 EAST 59TH STREET		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2 APT 9B		ADDR1 418 EAST 59TH STREET	
CITY NEW YORK		ADDR2 APT 9B	
ST NY		CITY NEW YORK	
ZIP CODE 10022		ST NY	
		ZIP CODE 10022	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JEFFREY	H	WEITZMAN		XXX-XX-1213	05/27/1947	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	LESLIE	LOWENBRAUN	WEITZMAN		XXX-XX-2769		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0541845288	EMPLOYEE NAME BARBARA	G	WERTHER
XXX-XX-6386	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 7913 QUARRY RIDGE WAY		ADDR1 7913 QUARRY RIDGE WAY
	ADDR2		ADDR2
	CITY BETHESDA		CITY BETHESDA
	ST MD		ST MD
	ZIP CODE 20817		ZIP CODE 20817

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	N	P	Y
FEB	(02)	1G			*	N	P	Y
MAR	(03)	1G			*	N	P	Y
APR	(04)	1G			*	N	P	Y
MAY	(05)	1G			*	N	P	Y
JUN	(06)	1G			*	N	P	Y
JUL	(07)	1G			*	N	P	Y
AUG	(08)	1G			*	N	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	BARBARA	G	WERTHER		XXX-XX-6386	03/16/1953	01	02	03	04	05	06	07	08	09	10	11	12
														X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:    0    (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:                    1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0642044962	EMPLOYEE NAME JOHN S WEST
***** INSIDE/LEGAL ADDRESS *****	
XXX-XX-2496	
***** OUTSIDE/MAILING ADDRESS *****	
ADDR1 217 CULPEPER ROAD	
ADDR2	
CITY RICHMOND	
ST VA	
ZIP CODE 23229	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JOHN	S	WEST		XXX-XX-2496	01/24/1966	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KAREN	W	WEST		XXX-XX-0863		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	MARY	K	WEST		XXX-XX-8946		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	JOHN	S	WEST JR		XXX-XX-8400		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	



EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 1950945153	EMPLOYEE NAME MICHAEL J WHITTON
XXX-XX-4737	***** INSIDE/LEGAL ADDRESS *****
	ADDR1 320 SAN LUCAS DRIVE
	ADDR2
	CITY SOLANA BEACH
	ST CA
	ZIP CODE 92075
	***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 320 SAN LUCAS DRIVE
	ADDR2
	CITY SOLANA BEACH
	ST CA
	ZIP CODE 92075

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*			
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM	
					*	ENROLL	F/P EXCL
JAN	(01)	1G			*	S	P Y
FEB	(02)	1G			*	S	P Y
MAR	(03)	1G			*	S	P Y
APR	(04)	1G			*	S	P Y
MAY	(05)	1G			*	S	P Y
JUN	(06)	1G			*	S	P Y
JUL	(07)	1G			*	S	P Y
AUG	(08)	1G			*	S	P Y
SEP	(09)	1G			*	S	P Y
OCT	(10)	1G			*	S	P Y
NOV	(11)	1G			*	S	P Y
DEC	(12)	1G			*	S	P Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	MICHAEL	J	WHITTON		XXX-XX-4737	04/15/1967	01	02	03	04	05	06	07	08	09	10	11	12
SPS1	JANELLE		WHITTON		XXX-XX-3086		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	GARRETT		WHITTON		XXX-XX-9222		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	COLETTE		WHITTON		XXX-XX-1761		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	GAGE		WHITTON		XXX-XX-7062		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 0140302025	EMPLOYEE NAME HARRIS	B	WINSBERG
XXXX-XX-2770		***** INSIDE/LEGAL ADDRESS *****	
ADDR1 3566 ROSWELL ROAD		***** OUTSIDE/MAILING ADDRESS *****	
ADDR2		ADDR1 3566 ROSWELL ROAD	
CITY ATLANTA		ADDR2	
ST GA		CITY ATLANTA	
ZIP CODE 30305		ST GA	
		ZIP CODE 30305	

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)      SELF-INSURED ENROLLMENT X

							- - - - C O V E R A G E - - - - -											
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	01	02	03	04	05	06	07	08	09	10	11	12
SELF	HARRIS	B	WINSBERG		XXX-XX-2770	03/16/1972	X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)

TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1



-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 2041344971	EMPLOYEE NAME WILLIAM N	WITHROW	JR
XXX-XX-0375	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 5270 MOUNT VERNON PARK	ADDR1 5270 MOUNT VERNON PARKWAY	
	ADDR2	ADDR2	
	CITY ATLANTA	CITY ATLANTA	
	ST GA	ST GA	
	ZIP CODE 30327	ZIP CODE 30327	

PART II (OFFER AND COVERAGE)			PLAN START MONTH 01*						
MONTH			OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----			-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G				*	S	P	Y
FEB	(02)	1G				*	S	P	Y
MAR	(03)	1G				*	S	P	Y
APR	(04)	1G				*	S	P	Y
MAY	(05)	1G				*	S	P	Y
JUN	(06)	1G				*	S	P	Y
JUL	(07)	1G				*	S	P	Y
AUG	(08)	1G				*	S	P	Y
SEP	(09)	1G				*	S	P	Y
OCT	(10)	1G				*	S	P	Y
NOV	(11)	1G				*	S	P	Y
DEC	(12)	1G				*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFIX	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	WILLIAM	N	WITHROW	JR	XXX-XX-0375	06/26/1954	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	CYNTHIA	R	WITHROW		XXX-XX-7224		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1




-----  
E M P L O Y E E   L E V E L   I N F O R M A T I O N   R E C E I V I N G   F O R M   1 0 9 5 - C  
-----

EMP ID/SSN 1120250487	EMPLOYEE NAME JUSTIN	ARTHUR	WOOD
XXX-XX-1883	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 10665 CARDINGTON LANE		ADDR1 10665 CARDINGTON LANE
	ADDR2		ADDR2
	CITY RALEIGH		CITY RALEIGH
	ST NC		ST NC
	ZIP CODE 27614		ZIP CODE 27614

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)				SELF-INSURED ENROLLMENT X														
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
							01	02	03	04	05	06	07	08	09	10	11	12
SELF	JUSTIN	ARTHUR	WOOD		XXX-XX-1883	11/06/1980	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	KELLY	ATKINSON	WOOD		XXX-XX-7035		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	WELLS	BLISSIT	WOOD		XXX-XX-7739		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	CANNADY	AVA	WOOD		XXX-XX-3084		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS:	0	(MUST BE PREPARED MANUALLY BY CUSTOMER)
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE:	1	





EMPLOYEE LEVEL INFORMATION RECEIVING FORM 1095-C

EMP ID/SSN 0740944987	EMPLOYEE NAME MARY	C	ZINSNER
XXX-XX-1742	***** INSIDE/LEGAL ADDRESS *****		***** OUTSIDE/MAILING ADDRESS *****
	ADDR1 1100 COLLINGWOOD ROAD		ADDR1 1100 COLLINGWOOD ROAD
	ADDR2		ADDR2
	CITY ALEXANDRIA		CITY ALEXANDRIA
	ST VA		ST VA
	ZIP CODE 22308		ZIP CODE 22308

PART II (OFFER AND COVERAGE)				PLAN START MONTH 01*				
MONTH		OFFER OF COVERAGE	SELF-ONLY PREMIUM	SECT 4980H SAFE HARBOR	*	FIELDS NOT ON FORM		
-----		-----	-----	-----	*	ENROLL	F/P	EXCL
JAN	(01)	1G			*	S	P	Y
FEB	(02)	1G			*	S	P	Y
MAR	(03)	1G			*	S	P	Y
APR	(04)	1G			*	S	P	Y
MAY	(05)	1G			*	S	P	Y
JUN	(06)	1G			*	S	P	Y
JUL	(07)	1G			*	S	P	Y
AUG	(08)	1G			*	S	P	Y
SEP	(09)	1G			*	S	P	Y
OCT	(10)	1G			*	S	P	Y
NOV	(11)	1G			*	S	P	Y
DEC	(12)	1G			*	S	P	Y

PART III (SELF-INSURED SELF/SPOUSE/DEPENDENT INFO)						SELF-INSURED ENROLLMENT X												
CODE	FIRST NAME	MIDDLE NAME	LAST NAME	SUF	SSN	DOB	- - - - C O V E R A G E - - - - -											
SELF	MARY	C	ZINSNER		XXX-XX-1742	05/29/1965	X	X	X	X	X	X	X	X	X	X	X	X
SPS1	CHARLES		ZINSNER III		XXX-XX-3934		X	X	X	X	X	X	X	X	X	X	X	X
DPO1	SUZANNE	L	ZINSNER		XXX-XX-1312		X	X	X	X	X	X	X	X	X	X	X	X
DPO2	PETER	J	ZINSNER		XXX-XX-9419		X	X	X	X	X	X	X	X	X	X	X	X
DPO3	CHARLES	T	ZINSNER		XXX-XX-1518		X	X	X	X	X	X	X	X	X	X	X	X
DPO4	KATE	A	ZINSNER		XXX-XX-3847		X	X	X	X	X	X	X	X	X	X	X	X

NUMBER OF OVERFLOW FORMS DUE TO NUMBER OF COVERED INDIVIDUALS: 0 (MUST BE PREPARED MANUALLY BY CUSTOMER)  
TOTAL NUMBER OF FORMS GENERATED FOR THIS EMPLOYEE: 1

## PAYROLL REPORTS



C O V E R A G E C O D E S	
1A	QUALIFIED OFFER. MINIMUM ESSENTIAL COVERAGE PROVIDING MINIMUM VALUE OFFERED TO FULL-TIME EMPLOYEE WITH EMPLOYEE CONTRIBUTION FOR SELF-ONLY COVERAGE EQUAL TO OR LESS THAN 9.5% MAINLAND SINGLE POVERTY LINE AND MINIMUM ESSENTIAL COVERAGE OFFERED TO SPOUSE AND DEPENDENT(S).
1B	MINIMUM ESSENTIAL COVERAGE PROVIDING MINIMUM VALUE OFFERED TO EMPLOYEE ONLY.
1C	MINIMUM ESSENTIAL COVERAGE PROVIDING MINIMUM VALUE OFFERED TO EMPLOYEE AND AT LEAST MINIMUM ESSENTIAL COVERAGE OFFERED TO DEPENDENT(S) BUT NOT SPOUSE.
1D	MINIMUM ESSENTIAL COVERAGE PROVIDING MINIMUM VALUE OFFERED TO EMPLOYEE AND AT LEAST MINIMUM ESSENTIAL COVERAGE OFFERED TO SPOUSE BUT NOT DEPENDENT(S).
1E	MINIMUM ESSENTIAL COVERAGE PROVIDING MINIMUM VALUE OFFERED TO EMPLOYEE AND AT LEAST MINIMUM ESSENTIAL COVERAGE OFFERED TO DEPENDENT(S) AND SPOUSE.
1F	MINIMUM ESSENTIAL COVERAGE NOT PROVIDING MINIMUM VALUE OFFERED TO EMPLOYEE, OR EMPLOYEE AND SPOUSE OR DEPENDENT(S), OR EMPLOYEE, SPOUSE, AND DEPENDENT(S).
1G	OFFER OF COVERAGE TO EMPLOYEE WHO WAS NOT A FULL-TIME EMPLOYEE FOR ANY MONTH OF THE CALENDAR YEAR AND WHO ENROLLED IN SELF-INSURED COVERAGE FOR ONE OR MORE MONTHS OF THE CALENDAR YEAR.
1H	NO OFFER OF COVERAGE (EMPLOYEE NOT OFFERED ANY HEALTH COVERAGE OR EMPLOYEE OFFERED COVERAGE NOT PROVIDING MINIMUM ESSENTIAL COVERAGE).
1J	MINIMUM ESSENTIAL COVERAGE PROVIDING MINIMUM VALUE OFFERED TO EMPLOYEE AND AT LEAST MINIMUM ESSENTIAL COVERAGE CONDITIONALLY OFFERED TO SPOUSE; MINIMUM ESSENTIAL COVERAGE NOT OFFERED TO DEPENDENT(S).
1K	MINIMUM ESSENTIAL COVERAGE PROVIDING MINIMUM VALUE OFFERED TO EMPLOYEE; AT LEAST MINIMUM ESSENTIAL COVERAGE OFFERED TO DEPENDENTS; AND AT LEAST MINIMUM ESSENTIAL COVERAGE CONDITIONALLY OFFERED TO SPOUSE.
S E C T I O N 4 9 8 0 H S A F E H A R B O R C O D E S	
2A	EMPLOYEE WAS NOT EMPLOYED DURING THE MONTH.
2B	EMPLOYEE WAS NOT A FULL-TIME EMPLOYEE.
2C	EMPLOYEE ENROLLED IN COVERAGE OFFERED.
2D	EMPLOYEE IN A SECTION 4980(H) LIMITED NON-ASSESSMENT PERIOD.
2E	MULTIEMPLOYER INTERIM RULE RELIEF.
2F	SECTION 4980H AFFORDABILITY FORM W-2 SAFE HARBOR.
2G	SECTION 4980H AFFORDABILITY FEDERAL POVERTY LINE SAFE HARBOR.
2H	SECTION 4980H AFFORDABILITY RATE OF PAY SAFE HARBOR.