

MICRON TECHNOLOGY INC
8000 S FEDERAL WAY
BOISE, ID 83716



ACOPNA95CP60000041141A426A503

051497 RO9M8601 ACO 8888 NN484 000007529
IBRAHIM F RUPAWALA
1001 S MAIN ST APT M307
MILPITAS, CA 95035

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600117

☐ VOID☐ CORRECTED

OMB No. 1545-2251

2017

1095-C
Form
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee						Applicable Large Employer Member (Employer)								
1 Name of employee IBRAHIM F RUPAWALA			2 Social security number (SSN) XXX-XX-5744			7 Name of employer MICRON TECHNOLOGY INC			8 Employer identification number (EIN) 75-1618004					
3 Street address (including apartment no.) 1001 S MAIN ST APT M307						9 Street address (including room or suite no.) 8000 S FEDERAL WAY			10 Contact telephone number 800-336-8918					
4 City or town MILPITAS		5 State or province CA		6 Country and ZIP or foreign postal code USA 95035		11 City or town BOISE		12 State or province ID		13 Country and ZIP or foreign postal code USA 83716				
Part II Employee Offer of Coverage						Plan Start Month (Enter 2-digit number): 01								
14 Offer of Coverage (enter required code)		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)		\$	\$	\$	\$	\$	\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C

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

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17 IBRAHIM F RUPAWALA	XXX-XX-5744		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>