| | 1 N | 105. | _~ | | | | |
|----------------------------|------------|-------------|----|--|--|--|--|
| Form | IU | 95 - | -6 | | | | |
| 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.

VOID

OMB No. 1545-2251

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

| Part I Employee | | | | | | Applicable Large Employer Member (Employer) | | | | | | | | |
|--|---------------|-----|-------------|--|--|--|--------------------|----------------------|-----|-------------|---|--|-------------|--|
| Name of employee (first name, middle initial, last name) | | | | 2 9 | 2 Social security number (SSN) | | 7 Name of employer | | | | 8 E | 8 Employer identification number (EIN) | | |
| 3 Street address (including apartment no.) | | | | | | 9 Street address (including room or suite no.) | | | | 10 (| 10 Contact telephone number | | | |
| 4 City or town 5 State or province | | | 6 Co | 6 Country and ZIP or foreign postal code | | 11 City or town | | 12 State or province | | 13 C | 13 Country and ZIP or foreign postal code | | | |
| Part II Employee Offer of Coverage Employee's Age on J | | | | | January 1 Plan Start Month (enter 2-digit number): | | | | | | | | | |
| | All 12 Months | Jan | Feb | Ma | r Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 14 Offer of Coverage (enter required code) | | | | | | | | | | | | | | |
| 15 Employee Required Contribution (see instructions) | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | | | | | | | | | | | | | |
| 17 ZIP Code | | | | | | | | | | | | | 1005 0 2000 | |

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

Cat. No. 60705M

Form **1095-C** (2023)