

2/1

VOID

CORRECTED

OMB No. 1545-2251

2017

Form 1095-C

Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Part II Employee Offer of Coverage

Plan Start Mo. (Enter 2-digit no.):	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)
Jan		\$	
Feb		\$	
Mar		\$	
Apr		\$	
May		\$	
June		\$	
July		\$	
Aug		\$	
Sept		\$	
Oct		\$	
Nov		\$	
Dec		\$	

Employer Provided Health Insurance Offer and Coverage

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

Department of the Treasury - IRS

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

EMPLOYEE'S name, address, ZIP postal code & country

APPLICABLE LARGE EMPLOYER'S identification number (EIN)

EMPLOYEE'S social security number (SSN)

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

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 mos.	(e) Months of coverage																
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec					
17																				
18																				
19																				
20																				

2/1-9

21																				
22																				
23																				
24																				
25																				
26																				
27																				
28																				
29																				
30																				
31																				
32																				
33																				
34																				

2/1

PS81 003C-PR

0