600118

Form 1095-C

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2020

▶ 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 (first name, middle initial, last name) **JULIE ANDREWS**		**2** Social security number (SSN)	**7** Name of employer ISD	**8** Employer identification number (EIN) **75-6000148**
3 Street address (including apartment no.) **773 MAIN**			**9** Street address (including room or suite no.)	**10** Contact telephone number **(325) 854-1400**
4 City or town **TEST**	**5** State or province **TX**	**6** Country and ZIP or foreign postal code **71111**	**11** City or town	**12** State or province **TX**	**13** Country and ZIP or foreign postal code

Part II	Employee Offer of Coverage					Plan Start Month (enter 2-digit number):			**09**			

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$ 142.00	$ 142.00	$ 142.00	$ 142.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2C	2C	2C	2C

Part III	Covered Individuals		

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

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17 JULIE ANDREWS				☐	☐	☐	☐	☐	☐	☐	☐	☒	☒	☒	☒
18 SUE ANDREWS				☐	☐	☐	☐	☐	☐	☐	☐	☒	☒	☒	☒
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Cat. No. 60705M

Form **1095-C** (2018)