

**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 No. (Enter 2-digit no.): At 12 Months Jan Feb Mar 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)

Do not attach to your tax return. Keep for your records. Go to [www.irs.gov/Form1095C](http://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)

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

Department of the Treasury - IRS

**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																			
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Form 1095-C (2017)

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First-Class Mail  
Important Tax Return  
Document Enclosed

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

PS 1095C-PV

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