PO0350	
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Form 1095-C (2023) Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the informatic (a) Name of covered individual(s) (b) SSN or other TIN (c) DOB (if SSN or other (d) Covered																			
First name, middle initial, last name			(-)	TIN is not available)	all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
4																			
5																			
6																			
7																			
3																			
9																			
)																			