	1 N	95	_C
Form	IU	JJ	-U
Depar	tment	of the Tr	easury
Interna	al Reve	enue Ser	vice

Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records.

VOID□ CORRECTED

OMB No. 1545-2251

2023

Internal Revenue Se			Go to	www.irs	gov/For	<i>rm10</i> 95 C for i	nstructions a	nd the lates	st information.				<u>4</u> 0	23
Part I Emp	ployee								Applicable I	arge Emplo	yer Memb	er (Employ	/er)	
1 Name of employee (first name, middle initial, last name) 2 Social set					Social security number (SSN)		7 Name of employer				8 Em	8 Employer identification number (EIN)		
3 Street address (including apartment no.)						9 Street address (including room or suite no.)				10 Co	10 Contact telephone number			
4 City or town 5 State or province			6 Country and ZIP or foreign postal code		11 City or town 12 S		12 State or pr	12 State or province 13		13 Country and ZIP or foreign postal code				
Part II Employee Offer of Coverage Employee's Age on J						anuary 1		Plan Start Month (enter 2-digit number):						
	All 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)														
17 ZIP Code														
RAA #1607 For I	Privacy Act a	and Paperv	vork Reducti	on Act No	otice, se	e separate in	structions.		41-0	852411		1095CIRS	Form	1095-C (2023)