7777-1 DWMR IMPORTANT TAX RETURN DOCUMENT ENCLOSED

COMPLY RIGHT.

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m 1095-C Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records. Go to www.frs.gov/form/1095C for instructions and the latest information.												DN.		\$	SOF	Iployer-Provided Health Insurance	R E				
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t II Emr	olovee Off	er of Cover	age		Employee's Age on			January 1			Plan Start Month (ente			nter 2-digit number)				4 City or 100	Consider	Street address (including apartment no.)	
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 (a) Name of covered ind First name, middle initial, 				r other TIN	(c) DOB (if SSN or othe TIN is not available)			Feb	Mar	Apr	May	June	July		Sept			ctions for codes	1095-6	7 Country	
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