600116 ☐ VOID ☐ CORRECTED · OMB No. 1545-2251 **2015** Form **1095-C**

Employer Provided Health Insurance Offer and Coverage

Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Montgomery County MD
101 Monroe Street
US-20850

Information about Form 1095-C and its separate instructions is at *www.irs.gov/form1095c.*

EMPLOYEE'S name, address, ZIP/postal code & country

Name

US-.

APPLICABLE LARGE EMPLOYER'S identification number (EIN)

52-6000980

EMPLOYEE'S social security number (SSN)

Part II **Employee Offer and Coverage**

Plan Start Mo. (Enter 2-digit no.):	**14** Offer of Coverage (enter required code)	**15** Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	**16** Applicable Section 4980H Safe Harbor (enter code, if applicable)
All 12 Months	1E	$	2C
Jan		$	
Feb		$	
Mar		$	
Apr		$	
May		$	
June		$	
July		$	
Aug		$	
Sept		$	
Oct		$	
Nov		$	
Dec		$	

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 covered individual. ☒

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 mos.	(e) Months of coverage Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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