

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

2022

1 Name of employee (first name, middle initial, last name) MUGDHA VARPE 2 Social security number (SSN) ****-**-1270

3 Street address (including apartment no.) 275 MAIN ST APT 303 4 City or town WATERTOWN 5 State or province MA 6 Country and ZIP or foreign postal code 02472-4344

7 Name of employer ATHENAHEALTH, INC. 8 Employer identification number (EIN) 04-3387530

9 Street address (including room or suite no.) 311 ARSENAL ST. 10 Contact telephone number (617) 402-1000

11 City or town WATERTOWN 12 State or province MA 13 Country and ZIP or foreign postal code 02472

14 Other of Coverage (enter required code) 1E 1E 1E 1E 1E 1E 1E 1E 1E 1E 1E 1E

15 Employee Required Contribution (see instructions) \$ 78.78 \$ 78.78 \$ 78.78 \$ 78.78 \$ 78.78 \$ 78.78 \$ 78.78 \$ 78.78 \$ 78.78 \$ 78.78

16 Section 4980H Sale Harbor and Other Relief (enter code, if applicable) 2C 2C 2C 2C 2C 2C 2C 2C 2C 2C 2C 2C

17 ZIP Code

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. [X]

Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 months, (e) Months of coverage (Jan-Dec)

Row 18: Mugdha Varpe, SSN ****-**-1270, Covered all 12 months [X], Months of coverage: Jan-Dec [X]

Row 19: Empty row

Row 20: Empty row

Row 21: Empty row

Row 22: Empty row

Row 23: Empty row