

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

2021

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

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee Walid Mohamed Osman		2 Social security number (SSN) ***-**-0811		7 Name of employer Oxy USA Inc		8 Employer identification number (EIN) 95-2584267	
3 Street address (including apartment no.) 27026 Soapstone Terrace Ln				9 Street address (including room or suite no.) 5 Greenway Plaza Suite 110			
4 City or town Katy		5 State or province TX		6 Country and ZIP or foreign postal code 77494		10 Contact telephone number (800)-699-6903	
				11 City or town Houston		12 State or province TX	
						13 Country and ZIP or foreign postal code 77046 USA	

Part II Employee Offer and Coverage				Employee's Age on January 1:				Plan Start Month (Enter 2-digit number): 01					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1A												
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
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.

	(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	Walid Mohamed Osman	***-**-0811		X													
19	Doaa Hassan		07/29/1985	X													
20	Youssef Osman		11/05/2008	X													
21	Hana Osman		11/10/2010	X													
22	Kenzi Osman		09/14/2017	X													
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35																	