



## Important Health Coverage Tax Information

Kamminga & Roodvoets, Inc. is no longer required to provide the 1095-C in accordance with the “Paperwork Burden Reduction Act”. If you would like to receive a copy of your 1095-C, you may request one from the Human Resources Department. Once requested, we will provide a copy no later than the later of:

- A) January 31 of the year following the applicable calendar year, or
- B) 30 days after the date of such request.

To make a request or seek assistance email [hr@kandrinc.com](mailto:hr@kandrinc.com), call HR at 616-949-0800 ext. 136 or mail to: Kamminga & Roodvoets, Attn: HR, 3435 Broadmoor SE, Grand Rapids, MI 49512

Kamminga & Roodvoets, Inc. ya no está obligado a proporcionar el formulario 1095-C de conformidad con la Ley de Reducción de la Carga de Papeleo. Si desea recibir una copia de su 1095-C, puede solicitar una al Departamento de Recursos Humanos. Cuando lo solicite, le proporcionaremos una copia a más tardar:

- A) Del 31 de enero del año siguiente al año calendario aplicable, o
- B) 30 días después de la fecha de dicha solicitud.

Las solicitudes se pueden realizar enviando un correo electrónico a [hr@kandrinc.com](mailto:hr@kandrinc.com), llamando a Recursos Humanos al 616-949-0800 ext. 136 o envíelo por correo a: Kamminga & Roodvoets, Attn: HR, 3435 Broadmoor SE, Grand Rapids, MI 49512

<b>Form 1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b> Do not attach to your tax return. Keep for your records. Go to <a href="http://www.irs.gov/Form1095C">www.irs.gov/Form1095C</a> for instructions and the latest information.						<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2251 <b>2025</b>																																																																								
<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>																																																																														
1 Name of employee (first name, middle initial, last name) Kam		2 Social security number (SSN) Roodvoets xxx-xx-0000		7 Name of employer Kamminga & Roodvoets, Inc.				8 Employer identification number (EIN) 38-1808100																																																																										
3 Street address (including apartment no.) 1234 Simple Street				9 Street address (including room or suite no.) 3435 Broadmoor SE				10 Contact telephone number 616-949-0800																																																																										
4 City or town Paradise		5 State or province MI		6 Country and ZIP or foreign postal code 55555		11 City or town Grand Rapids		12 State or province MI		13 Country and ZIP or foreign postal code 49512																																																																								
<b>Part II Employee Offer of Coverage</b>				<b>Employee's Age on January 1</b> xx				<b>Plan Start Month (enter 2-digit number):</b> 05																																																																										
<table border="1"> <thead> <tr> <th></th> <th>All 12 Months</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>14 Offer of Coverage (enter required code)</td> <td>1K</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>15 Employee Required Contribution (see instructions)</td> <td>\$ 0</td> <td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td> </tr> <tr> <td>16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)</td> <td>2C</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>17 ZIP Code</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>														All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	14 Offer of Coverage (enter required code)	1K													15 Employee Required Contribution (see instructions)	\$ 0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C													17 ZIP Code													
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.						Cat. No. 60705M		Form 1095-C (2025) Created 5/21/25																																																																										