600117 ☐ VOID ☐ CORRECTED OMB No. 1545-2251 **2016** 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.

Adrenaline LLC
200 Hudson St
New York NY 10013

Contact Phone No: (212)886-2024

Do not attach to your tax return. Keep for your records Information about Form 1095-C and its separate instructions is at *www.irs.gov/form1095c.*

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

Albert Esteves
300 Pelham Rd Apt 3R
New Rochelle NY 10805

APPLICABLE LARGE EMPLOYER'S identification number (EIN)	EMPLOYEE'S social security number (SSN)
13-4034220	XXX-XX-2151

Part II Employee Offer of Coverage

Plan Start Mo. (Enter 2-digit no.): 01	14 Offer of Coverage (enter required code)	15 Employee Required Contribution(see instructions)	16 Section 4980H Safe Harbor and Other Relief(enter code, if applicable)
All 12 Months	1E	$ 121.14	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 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 mos.	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17	Albert Esteves	XXX-XX-2151		X												
18	Nicolas Esteves	XXX-XX-6596		X												
19	Rafael Esteves	XXX-XX-6187		X												
20	Franziska Kirchgaessner	XXX-XX-1281		X												
21																
22																
23																
24																