

# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](https://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
CORRECTED

OMB No. 1545-2251

600120

2021

8 Employer identification number (EIN)  
13-5160382

## Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name)  
SANDEEP B YENJANE

7 Name of employer  
THE BANK OF NEW YORK MELLON

3 Street address (including apartment no.)  
400 CAMELOT CT APT 701

9 Street address (including room or suite no.)  
BNY MELLON CENTER 500 GRANT STREET, 31ST FLOOR

4 City or town  
PITTSBURGH PA

11 City or town  
PITTSBURGH

10 Contact telephone number  
800-947-4748

5 State or province  
PA

12 State or province  
PA

13 Country and ZIP or foreign postal code  
15258

## Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 00

	All 12 Months												All 12 Months
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

Cat. No. 60705M

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 1095-C (2021)

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## 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) First name, middle initial, last name	(b) SSN or other TIN ***-**-3676	(c) DOB (if SSN or other TIN is not available) 2017-03-22	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 SANDEEP B YENJANE					X	X	X	X	X	X	X	X	X	X	X	X
19 KOMAL YENJANE					X	X	X	X	X	X	X	X	X	X	X	X
20 SEJAL YENJANE					X	X	X	X	X	X	X	X	X	X	X	X
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Form 1095-C (2021)



THE BANK OF NEW YORK MELLON  
BENEFITWALLET H.S.A.  
PO BOX 535473  
PITTSBURGH PA 15253



SANDEEP B YENJANE  
400 CAMELOT CT  
APT 701  
PITTSBURGH PA 15220-2538



### IMPORTANT NOTICE

Please review these tax documents carefully. If you find a discrepancy, please contact the Customer Service number provided on your statement no later than May 31

#### HSA Account Holders:

If your maximum contribution limit has not been reached, we can accept contributions to your HSA until April 15. If you do make an additional contribution, or have already done so, we will furnish a final 5498-SA by May 31 reflecting the additional contribution.

☐ CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number THE BANK OF NEW YORK MELLON BENEFITWALLET H.S.A. PO BOX 535473 PITTSBURGH, PA 15253		OMB No. 1545-1517 <b>Form 1099-SA</b> (Rev. November 2019) For calendar year 2021		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>	
PAYER'S TIN 13-5160382	RECIPIENT'S TIN ***-**-3676	1 Gross distribution 151.00	2 Earnings on excess cont.	<b>Copy B For Recipient</b> This information is being furnished to the IRS.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SANDEEP B YENJANE 400 CAMELOT CT APT 701 PITTSBURGH, PA 15220		3 Distribution code 1	4 FMV on date of death		
		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			
Account Number: 95000870331887					

Form 1099-SA (Rev. 11-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number THE BANK OF NEW YORK MELLON BENEFITWALLET H.S.A. PO BOX 535473 PITTSBURGH, PA 15253		OMB No. 1545-1518 <b>2021</b> <b>Form 5498-SA</b>		<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>	
TRUSTEE'S TIN 13-5160382	PARTICIPANT'S TIN ***-**-3676	1 Employee or self-employed person's Archer MSA contributions made in 2021 and 2022 for 2021	2 Total contributions made in 2021 \$1,600.00	<b>Copy B For Participant</b> This information is being furnished to the IRS.	
PARTICIPANT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SANDEEP B YENJANE 400 CAMELOT CT APT 701 PITTSBURGH, PA 15220		3 Total HSA or Archer MSA contributions made in 2022 for 2021	5 Fair market value of HSA, Archer MSA, or MA MSA \$3,980.43		
		4 Rollover contributions	6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account Number: 95000870331887					

Form 5498-SA (keep for your records) www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service