

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.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251 500120
2021

Part I Employee

1 Name of employee (first name, middle initial, last name) ALEJANDRO E PUGLIA		2 Social security number (SSN) XXX-XX-4876	7 Name of employer ERNST & YOUNG US LLP		8 Employer identification number (EIN) 34-6565596
3 Street address (including apartment no.) 325 LEXINGTON AVE APT 6C			9 Street address (including room or suite no.) ONE MANHATTAN WEST		10 Contact telephone number 18553144222
4 City or town NEW YORK	5 State or province NY	6 Country and ZIP or foreign postal code US 10016	11 City or town NEW YORK	12 State or province NY	13 Country and ZIP or foreign postal code US 10001

Part II Employee Offer of 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)		1H	1H	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 62.00	\$ 62.00	\$ 62.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2D	2C	2C	2C
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2021)

Form 1095-C (2021)

600320
Page 3

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	(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	ALEJANDRO	E	PUGLIA	XXX-XX-4876												X	X	X
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		