

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.

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 CORRECTED

OMB No. 1545-2251

600120

2021

Part I Employee		Applicable Large Employer Member (Employer)												
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	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	2A	2D	2C	2C	2C		
17 ZIP Code															

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

Cat. No. 60705M

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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 <input checked="" type="checkbox"/>																						
(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													
18 ALEJANDRO	E	PUGLIA	XXX-XX-4876						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
19																					<input checked="" type="checkbox"/>	
20																					<input checked="" type="checkbox"/>	
21																						<input checked="" type="checkbox"/>
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