

<b>Part I Employee</b>		<b>Applicable Large Employer Member (Employer)</b>	
Name of employee (first name, middle initial, last name) SAI SRAVANI CHAVALI		1 Social security number (SSN) XXX-XX-0233	7 Name of employer UNITED SERVICES AUTOMOBILE ASN
Street address (including apartment no.) 5410 GINGER RISE		8 Street address (including room or suite no.) 9800 FREDERICKSBURG ROAD	8 Employer identification number (EIN) 74-0959140
City or town SAN ANTONIO	9 State or province TX	10 Country and ZIP or foreign postal code US 78253	11 City or town SAN ANTONIO
		12 State or province TX	13 Country and ZIP or foreign postal code US 78288

<b>Part II Employee Offer of Coverage</b>		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
1 Offer of Coverage (enter required code) 1E													
2 Employee Required contribution (see instructions) \$ 70.73													
3 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
4 ZIP Code													

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<b>Part III Covered Individuals</b>		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 SAI SRAVANI CHAVALI	XXX-XX-0233		X	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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