

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. 1545-0047 **600120**
2021
8 Employer identification number (EIN)
41-1877307

Part I Employee		2 Social security number (SSN) ***-**-4294		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 41-1877307	
1 Name of employee (first name, middle initial, last name) SHREYA BHARGAVA				7 Name of employer DELUXE FINANCIAL SERVICES LLC			
3 Street address (including apartment no.) 121 LINCOLN ST FLOOR 1				9 Street address (including room or suite no.) 3680 VICTORIA ST N			
4 City or town JERSEY CITY		5 State or province NJ		6 Country and ZIP or foreign postal code 07307		11 City or town SHOREVIEW	
						12 State or province MN	
						13 Country and ZIP or foreign postal code 55126-2966	

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	1E	1E	1E	1E	1E		
15 Employee Required Contribution (see instructions)		\$	\$	\$	\$	\$	\$	\$	\$	\$ 84.20	\$ 84.20	\$ 84.20	\$ 84.20	\$ 84.20		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)			2A	2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C		
17 ZIP Code																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2021)

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"/>																	
16	(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	
16	SHREYA BHARGAVA	***-**-4294										X	X	X	X	X	X
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