Form 1095-C

Department of the Treasury Internal Revenue Service

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   600120

2022

Part I Employee

2 Social security number (SSN) ***-**-3689

1 Name of employee (first name, middle initial, last name)
NITESH DUBAL

3 Street address (including apartment no.)
44 W WALNUT ST UNIT D

4 City or town	5 State or province	6 Country and ZIP or foreign postal code
MILFORD	MA	01757

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN) 04-3360747

7 Name of employer
BJS WHOLESALE CLUB INC

9 Street address (including room or suite no.)
350 CAMPUS DRIVE

10 Contact telephone number
774-512-7700

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
MARLBOROUGH	MA	01752

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)		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)		2G	2G	2G	2C	2C	2C	2C	2C	2C	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. ☒

	(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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	NITESH DUBAL	***-**-3689			☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
19	JYOTIKA GIRDHAR		1993-11-09							☒	☒	☒	☒	☒	☒	☒
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