600120

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.

OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)
KASIRAJAN	SEETHARAM	****-**-7001
3 Street address (including apartment no.)		
6726 GREEN RIVER DR UNIT B		
4 City or town	5 State or province	6 Country and ZIP or foreign postal code
HIGHLANDS RANCH	CO	80130-3013

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
WESTERN UNION, LLC	20-4561550
9 Street address (including room or suite no.)	10 Contact telephone number
7001 E. BELLEVIEW AVENUE	(720) 332-0159
11 City or town	12 State or province / 13 Country and ZIP or foreign postal code
DENVER	CO 80237

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)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$ 44.26	$ 44.26	$ 44.26	$ 44.26	$ 44.26	$ 44.26	$ 44.26	$ 44.26	$ 44.26	$ 44.26	$ 44.26	$ 44.26
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

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. [X]

	(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	Kasirajan		Seetharam	****-**-7001		[ ]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]
19	Ramya		Kottalam		1992-02-29	[ ]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]
20						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
21						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
22						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
23						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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