

BCC 0052 97B7A 000000068

000004799 J0298954
PRECISION FOR MEDICINE HOLDINGS
2 BETHESDA METRO CENTER STE 850
BETHESDA, MD 20814



\*BCCPNA95CPS0000043629A420A335\*

004813 RO9MSE01 BCC 0052 97B7A 000000068 ADITI SHAH 218 SHERMAN ROAD CHESTNUT HILL, MA 02467

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

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Form 109	Health Ins	th Insurance Offer and Co								OMB No. 1545-2251									
Department of the Treasury Internal Revenue Service  Do not attach to your form 109						to your tax return. Keep for your records. 1095C for instructions and the latest information.						CORRECTED					2022		
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1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN)							Applicable Large Employer Member (Employer)  7 Name of employer  8 Employer identification number											ber (El	
ADITI SHAH  3 Street address (including apartment no.)										MEDICINE HOLDINGS					45-2969432				
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218 SHERMAN ROAD  4 City or town 5 State or province 6 Country and ZIP or foreign postal											RO CENTER STE 850				240-316-3463				
CHESTN		6 Country and ZIP or foreign postal code  MA USA 02467			BETHESDA 12			12 5	2 State or province MD				13 Country and ZIP or foreign postal co USA 20814						
Part II Employee Offer of Coverage				Employee's				Plan Start Month (enter 2-											
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(a) Name of covered individual(s)		(b) SSN or other TIN		(c) DOB (if SSN or oth	ner (d) Covere	d		N Pala	(e)		) Months of coverage		_		West of	Approx.	V No.		
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