



BCC 0052 97B7A 00000068

000004799 J0298954

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



BCCPNA95CPS0000043629A420A335

004813 R09MSE01 BCC 0052 97B7A 00000068
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.

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.

VOID

CORRECTED

OMB No. 1545-2251

2022

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) ADITI SHAH		2 Social security number (SSN) XXX-XX-3684		7 Name of employer PRECISION FOR MEDICINE HOLDINGS		8 Employer identification number (EIN) 45-2969432	
3 Street address (including apartment no.) 218 SHERMAN ROAD				9 Street address (including room or suite no.) 2 BETHESDA METRO CENTER STE 850		10 Contact telephone number 240-316-3463	
4 City or town CHESTNUT HILL		5 State or province MA		6 Country and ZIP or foreign postal code USA 02467		11 City or town BETHESDA	
				12 State or province MD		13 Country and ZIP or foreign postal code USA 20814	

14 Offer of Coverage (enter required code)	15 Employee Offer of Coverage												16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	17 ZIP Code			
1E																	
15 Employee Required Contribution (see instructions)	\$ 49.88	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$				
2C																	

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	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 ADITI SHAH	XXX-XX-3684		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>