E 1095-C Department of the Transury Internal Revenue Service				Do not attach	Health Insura	for your records.	ge	VOID CORRECTED			2022 2502				
2 Social					Social security number (SSN ***-**-7380					8 Employer identification number (EIN) 13-4994650					EIN)
1 Name of employee SALONI PA 3 Street address (inch #2L, 180	THANIA uding apartment no.				7300	9 Street address (Inch	CHASE BANK,  uding room or suite no.)  RIS PARKWAY	NA				10 Co	tact telephone r	number	
4 City or town JERSEY CITY  5 State or province NJ			6 Countr 073	y and ZIP or foreign postal or		11 City or town COLUMBUS		12 State or province OH			13 Co	13 Country and ZIP or foreign postal code 43240			
Part II Empl					oyee's Age on January			Plan Start Mo	nth (enter	2-digit n	umber):	01	7.55 M. U.		
	All 12 Months	Ján	Feb	Mar	Apr	May June	July	Aug	Sep		Oct		Nov	0	ec
14 Offer of Coverage (enter required code)		111	1H	111	111	1H 1H	1H	1H	1H	1	11	1	1E	11	3
15 Employee Required Contribution (see Instructions)	5	s	s	s	s s	s	s		s	3			<b>s</b> 238.33	\$ 238	.33
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A 2A	2A	2A	2A		20		2C	20	
17 ZIP Code														1095-C (20	
Form 1095-C (202														600320 Page	
Part III Cov	ered Individuals	- If Employe	r provided self-i	insured covera	age, check the box and	enter the information for	or each individual enre	olled in covera	ge, includ	ling the	employ (a)	(m) (m)	of coverage		-
			e of covered individ			(b) SSN or other TIN	(c) DOB (if SSN or oth TIN is not available)	er (d) Covered all 12 months	Jan Feb	Mar		-	July Aug Sept	Oct Nov	Dec
18 SALONI I	PATHANIA					***-**-7380								×	×
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