

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

600120
 OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name) Latha Vemula		2 Social security number (SSN) 047-73-7337
3 Street address (including apartment no.) 1614 Mosaic Way		
4 City or town Smyrna	5 State or province GA	6 Country and ZIP or foreign postal code 30080

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)	1E					
15 Employee Required Contribution (see instructions)	\$79.96					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C					
17 ZIP Code						

Part III Covered Individuals

If Employer Provided self-insured coverage check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18 Latha Vemula	047-73-7337	07/27/1994	<input checked="" type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

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

Applicable Large Employer Member (Employer)

7 Name of employer Progyny, Inc.		8 Employer Identification Number (EIN) 27-2220139
9 Street address (including room or suite no.) 1359 Broadway, Fl 2		10 Contact Telephone Number (000) 000-0000
11 City or town New York	12 State or province NY	13 Country and ZIP or foreign postal code 10018

Employee's Age on January 1: _____ Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec

(e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<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"/>	<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"/>
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Form **1095-C** (2022)

Progyny, Inc.
 1359 Broadway, Fl 2
 New York, NY 10018

41576 565 **1095-C**
 Latha Vemula
 1614 Mosaic Way
 Smyrna, GA 30080