71319090

OMD USA
1055 Washington Boulevard, 7th Floor
Stamford, CT 6831

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BHAVESH THAKKAR
88 CLIFTON PL APT A06
JERSEY CITY NJ 07304-6187

600120

Form **1095-C**	Employer-Provided Health Insurance Offer and Coverage	☐ VOID	OMB No. 1545-2251
Department of the Treasury Internal Revenue Service	▶ Do not attach to your tax return. Keep for your records ▶ Go to www.irs.gov/Form1095C for instructions and the latest information.	☐ CORRECTED	**2023**

Part I — Employee / Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) BHAVESH P THAKKAR	2 Social security number (SSN) xxx-xx-7104	7 Name of employer OMD USA	8 Employer identification number (EIN) 13-4117630
3 Street address (including apartment no.) 88 Clifton Place Apt A06		9 Street address (including apartment no.) c/o Omnicom 437 Madison Ave	10 Contact telephone number 888-977-8490

4 City or town Jersey City	5 State or province NJ	6 Country and ZIP or foreign postal code USA 07304	11 City or town New York	12 State or province NY	13 Country and ZIP or foreign postal code USA 10022

Part II — Employee Offer and Coverage

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

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	1E												
15 Employee Required Contribution (see instructions)	$52.70	$	$	$	$	$	$	$	$	$	$	$	$
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 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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18 BHAVESH P THAKKAR	xxx-xx-7104		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.   Cat. No. 60705M   Form 1095-C (2023)

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