

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. 1545-2261 600320

2023

Part I Employee

1 Name of employee (first name, middle initial, last name)
SANDEEP SUBHASH GONDIL

2 Social security number (SSN)
***-**-5914

Applicable Large Employer Member (Employer)

7 Name of employer
UBS BUSINESS SOLUTIONS US LLC

8 Employer identification number (EIN)
20-5947231

3 Street address (including apartment no.)
39B READING ROAD

9 Street address (including room or suite no.)
1000 HARBOR BLVD

10 Contact telephone number
888-251-2500

4 City or town
EDISON

5 State or province
NJ

6 Country and ZIP or foreign postal code
08817

11 City or town
WEEHAWKEN

12 State or province
NJ

13 Country and ZIP or foreign postal code
07086

Part II Employee Offer of Coverage

Employee's Age on January 1: _____ Plan Start Month (enter 2-digit number): **01**

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 137.00	\$ 137.00	\$ 137.00	\$ 137.00	\$ 137.00	\$ 137.00	\$ 137.00	\$ 137.00	\$ 137.00	\$ 137.00	\$ 137.00	\$ 137.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	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	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 SANDEEP SUBHASH GONDIL	***-**-5914			X	X	X	X	X	X	X	X	X	X	X	X	X
19 IRA SANDEEP GONDIL	***-**-8843			X	X	X	X	X	X	X	X	X	X	X	X	X
20 PRIYANKA SANDEEP GONDIL	***-**-8783			X	X	X	X	X	X	X	X	X	X	X	X	X
21 REVA PRIYANKA GONDIL	***-**-1355			X	X	X	X	X	X	X	X	X	X	X	X	X
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