

# Employer-Provided Health Insurance Offer and Coverage

 VOID

 CORRECTED

OMB No. 1545-2251

600120

## 2023

**Form 1095-C**

Do not attach to your tax return. Keep for your records.

 Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

**Part I Employee**
**Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) AAKASH SINGHI		2 Social security number (SSN) XXX-XX-3784	7 Name of employer MOODY'S INVESTORS SERVICE INC	8 Employer identification number (EIN) 13-1959883
3 Street address (including apartment no.) 55 RIVER DRIVE SOUTH APT 0712			9 Street address (including room or suite no.) 7 WORLD TRADE CENTER 250 GREENWICH ST	10 Contact telephone number 2125531197
4 City or town JERSEY CITY	5 State or province NJ	6 Country and ZIP or foreign postal code US 07310	11 City or town NEW YORK	12 State or province NY
13 Country and ZIP or foreign postal code US 10007				

**Part II Employee Offer of Coverage**

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see Instructions) \$ 129.11	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
17 ZIP Code													

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

Cat. No. 60705M

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**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

	(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	
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