Form 1095-C Department of the Treasury Internal Revenue Service

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. 1545-2251 **2023** 

Part I	E I Employee									Applicable Large Employer Member (Employer)										
<b>1</b> Name of employee Ugesh Egala				2 Social security number (SSN) 695-32-7624						me of employersity of New I				<b>8</b> Employer identification number(EIN) 85-6000642						
3 Street address (including apartment no.) 9121 Claremont Ave NE										eet address (i v of NM, MSC	_	n or suite	<b>10</b> Contact telephone number 505-277-6947							
	own NM			<b>6</b> Country and Zip or foreign postal code 87112-1218						11 City or town Albuquerque 12 State or province NM			13 Country and Zip or foreign postal code 87131-0001							
Part II Employee Offer and Coverage						Employee'	s Age o	n Janı	January 1: Plan Start M			: Month (En	Month (Enter 2-digit number): 07							
<b>14</b> Offer of Coverage (ent	r	All 12 months Ja		an	Feb	Mar	Apr	May		June	July	Aug	Sept	Oct	Nov	Dec				
required code)	)		1H		1H	1H	1H	1H		1H	1H	1H	1H	1H	1H	1H				
<b>15</b> Employee Required Contribution (sinstructions)	see																			
<b>16</b> Section 499 Safe Harbor ar Other Relief (e code, if applica	nd enter		2B		2B	2B	2B	2B		2B	2B	2B	2A	2A	2B	2B				
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. []

	(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)				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
19			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
20			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
21			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
22			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
23			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
24			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
25			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
26			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
27			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
28			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
29			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
30			[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

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