☐ VOID ☐ CORRECTED OMB No. 1545-2251 **2019** Form **1095-C**

Employer Provided Health Insurance Offer and Coverage

APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

COINBASE, INC
430 CALIFORNIA STREET
SAN FRANCISCO, CA 94104
(877)255-3591

Do not attach to your tax return. Keep for your records. Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

EMPLOYEE'S name, address, ZIP/postal code & country

KONSTANTIN GREDESKOUL
1113 CAROLINA STREET
SAN FRANCISCO, CA 94107 US

APPLICABLE LARGE EMPLOYER'S Identification number (EIN)
45-5293997

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

EMPLOYEE'S Social Security number (SSN)
XXX-XX-2207

Department of the Treasury -- IRS
38-2099803

Employee Offer of Coverage

Plan Start Mo. (Enter 2-digit no.):	**14** Offer of Coverage (enter required code)	**15** Employee Required Contribution (see Instructions)	**16** Section 4980H Safe Harbor and Other Relief (enter code, if applicable)
All 12 Months		$	
Jan	**1H**	$	**2A**
Feb	**1H**	$	**2A**
Mar	**1H**	$	**2A**
Apr	**1H**	$	**2A**
May	**1H**	$	**2A**
Jun	**1H**	$	**2D**
Jul	**1A**	$	**2C**
Aug	**1A**	$	**2C**
Sep	**1A**	$	**2C**
Oct	**1A**	$	**2C**
Nov	**1A**	$	**2C**
Dec	**1A**	$	**2C**

Covered Individuals If Employer provided self-insured coverage, check the box and enter information for each individual enrolled in coverage, including the employee. ☒

(a) Name of the covered individual(s)	**(b)** SSN or other TIN	**(c)** DOB (If SSN or other TIN is not available)	**(d)** Covered all 12 mos.	**(e)** Months of Coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
17 Konstantin Gredeskoul	XXX-XX-2207		☐	☐	☐	☐	☐	☐	☒	☒	☒	☒	☒	☒	☒
18			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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21			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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31			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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33			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
34			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

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

▶ **Go to *www.irs.gov/Form1095B* for instructions and the latest information.**

☐ VOID

☐ CORRECTED

OMB. No. 1545-2252

2019

Part I Responsible Individual

Tracking #: 5810280T2

1 Name of responsible individual - first name, middle name, last name	2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
KONSTANTIN I GREDESKOUL	XXX-XX-2207	

4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
1113 CAROLINA ST	SAN FRANCISCO	CA	US 94107-3321

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . ▶ B

9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name	11 Employer identification number (EIN)
FTS TECH LLC	XX-XXX3240

12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code
530 HAMPSHIRE ST STE 301	SAN FRANCISCO	CA	US 94110-1465

Part III Issuer or Other Coverage Provider (see instructions)

16 Name	17 Employer identification number (EIN)	18 Contact telephone number
CALIFORNIA PHYSICIANS SERVICE DBA BLUE SHIELD OF CALIFORNIA	94-0360524	888-319-5999

19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code
601 12TH STREET	OAKLAND	CA	US 94607

Part IV Covered Individuals (Enter the information for each covered individual.)

	(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
23	KONSTANTIN I GREDESKOUL	XXX-XX-2207		☐	X	X	X	X	X	X	X	☐	☐	☐	☐	☐
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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