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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

2020**Part I Responsible Individual**

1	Name of responsible individual: First name, middle name, last name SAKETH	2	Social security number (SSN or other TIN) ***-**-5491	3	Date of birth (If SSN or other TIN is not available)
4	Street address (including apartment no.) 181 S LEWIS ST #207	5	City or town ORANGE	6	State or province CA
		7	County and ZIP or foreign postal code 92868-7905		

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

B**Part II Information about Certain Employer-Sponsored Coverage (see instructions)**

10	Employer name HUBU, LLC	11	Employer identification number (EIN) 020809769
12	Street address (including room or suite no.) 2500 BROADWAY 2ND FLOOR	13	City or town SANTA MONICA
		14	State or province CA
		15	Country and ZIP or foreign postal code 90404

Part III Issuer or Other Coverage Provider (see instructions)

16	Name SIGNA HEALTH AND LIFE INSURANCE CO.	17	Employer identification number (EIN) 591031071	18	Contact telephone number 8553107345
19	Street address (including room or suite no.) 900 COTTAGE GROVE ROAD	20	City or town BLOOMFIELD	21	State or province CT
		22	Country and ZIP or foreign postal code 06152		

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											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

	(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) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	SAKETH	***-**-5491		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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Form **1095-B** (2020)

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