

Department of the Treasury
Internal Revenue Service

Health Coverage

VOID
 CORRECTED

2020

OMB No. 1545-2252

▶ Do not attach to your tax return. Keep for your records.
▶ Go to [www.irs.gov/Form 1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

Part I Responsible Individual

1 Name of responsible individual - First name, middle name, last name
SAIR VAKKALAGADDA

2 Social security number (SSN) or other TIN
XXX-XX-0059

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
40037 FREMONT BLVD APT 408

5 City or town
FREMONT

6 State or province
CA

7 Country and ZIP or foreign postal code
US 94538

8 Enter letter identifying origin of the Health Coverage (see instructions for codes): **B**

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

10 Employer name
COSMOS GRANITE WEST LLC

11 Employer identification number (EIN)
XX-XXX1055

12 Street address (including room or suite no.)
**ATTN: JAISHRI NALLAPATY
8610 S 212TH ST**

13 City or town
KENT

14 State or province
WA

15 Country and ZIP or foreign postal code
US 98031-2800

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
PREMERA BLUE CROSS

17 Employer identification number (EIN)
91-0499247

18 Contact telephone number
855-756-0804

19 Street address (including room or suite no.)
PO BOX 327 MS 342

20 City or town
SEATTLE

21 State or province
WA

22 Country and ZIP or foreign postal code
US 98111-0327

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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 SAIR VAKKALAGADDA XXX-XX-0059			<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>