

**Health Coverage**

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

VOID  
 CORRECTED

OMB No. 1545-2252

**2020**

560118

**Part I Responsible Individual**

1 Name of responsible individual—First name, middle name, last name  
**Chaitali Sutrathar**

2 Social security number (SSN) or other TIN  
\*\*\*-\*\*-2611

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

4 Street address (including apartment no.)  
**3265 E MAYACAMA WAY**

5 City or town  
**ONTARIO**

6 State or province  
**CA**

7 Country and ZIP or foreign postal code  
**91761**

9 Reserved

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

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

10 Employer name  
**PRISTINE REHAB CARE LLC**

11 Employer identification number (EIN)  
\*\*\*\*\*2608

12 Street address (including room or suite no.)  
**706 N Diamond Bar Blvd Ste B**

13 City or town  
**Diamond Bar**

14 State or province  
**CA**

15 Country and ZIP or foreign postal code  
**USA 91765**

**Part III Issuer or Other Coverage Provider (see instructions)**

16 Name  
**KAISER FOUNDATION HEALTH PLAN, INC.**

17 Employer identification number (EIN)  
**941340523**

18 Contact telephone number  
**844-477-0450**

19 Street address (including room or suite no.)  
**One Kaiser Plaza 15L**

20 City or town  
**Oakland**

21 State or province  
**CA**

22 Country and ZIP or foreign postal code  
**United States of America US 94612**

**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 at 12/31/20	(e) Months of coverage																	
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec						
23	CHAITALI SUTRADHAR	***-**-2611		<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cal. No. 60704B

Form **1095-B** (2020)