

**Health Coverage**

VOID  
 CORRECTED

**2020**

▶ 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.

**Part I Responsible Individual**

1 Name of responsible individual - First name, middle name, last name  
**SUDHA MALLAVARAPU**

2 Social security number (SSN) or other TIN  
**XXX-XX-1387**

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

4 Street address (including apartment no.)  
**3238 WINTON RD S**

5 City or town  
**ROCHESTER**

6 State or province  
**NY**

7 Country and ZIP or foreign postal code  
**US 14623**

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  
**TRACELINK INC**

11 Employer identification number (EIN)  
**XX-XXX1564**

12 Street address (including room or suite no.)  
**400 RIVERPARK DRIVE**

13 City or town  
**NORTH READING**

14 State or province  
**MA**

15 Country and ZIP or foreign postal code  
**US 01864**

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

16 Name  
**BLUE CROSS AND BLUE SHIELD OF MASS  
 HMO BLUE INC.**

17 Employer identification number (EIN)  
**04-3362283**

18 Contact telephone number  
**1-888-407-5719**

19 Street address (including room or suite no.)  
**101 HUNTINGTON AVENUE, SUITE 1300**

20 City or town  
**BOSTON**

21 State or province  
**MA**

22 Country and ZIP or foreign postal code  
**US 02199-7611**

**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 SUDHA MALLAVARAPU	XXX-XX-1387		<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"/>	<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"/>
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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"/>

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