

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
KARTIK DEEPA

2 Social security number (SSN) or other TIN
...-4473

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

4 Street address (including apartment no.)
307 HARRISON AVE FLOOR 3

5 City or town
HARRISON

6 State or province
NJ

7 Country and ZIP or foreign postal code
UNITED STATES 07029

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
KAIZEN TECHNOLOGIES INC

11 Employer identification number (EIN)
22-3381566

12 Street address (including room or suite no.)
1 LINCOLN HWY STE 10

13 City or town
EDISON

14 State or province
NJ

15 Country and ZIP or foreign postal code
08820

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
UnitedHealthcare, Inc.

17 Employer identification number (EIN)
41-1922511

18 Contact telephone number
866-633-2446

19 Street address (including room or suite no.)
601 Brooker Creek Blvd

20 City or town
Oldsmar

21 State or province
FL

22 Country and ZIP or foreign postal code
UNITED STATES 34677

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 KARTIK DEEPA			<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"/>
SHIRKE	...-4473		<input type="checkbox"/>													

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

Cat. No. 60704B