For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	28	27	26	25	24	SUDHA 23 MALLAVARAPU		(a) Name of covered individual(s)First name, middle initial, last name	Fart IV Covered Individuals (Enter	S	19 Street address (including room or suite no.)	HMO RI HE INC		TRACELINK INC 12 Street address (including room or suite no.)	119	Part II Information About Certain Employer Space 19	B25	3238 WINTON RD S	SUDHA MALLAVARAPU	Part I Responsible Individual	of t	1095-B
Notice, see separate instructions.						XXX-XX-1387	available)	(b) SSN or other TIN (c) DOB (If SSN or other TIN is not	Covered Individuals (Enter the information for each covered individual.)	300 BOSTON	20 City or town	ELD OF MASS	instructio	13 City or town	name	Coverage (see instructions for codes):	ROCHESTER	5 City or town	e name, last name		 ▶ Do not attach to your tax return. Keep for your records. ▶ Go to www.irs.gov/Form 1095B for instructions and the latest information. 	Health
								SSN or (d) Covered is not all 12 months	ered individual.)	N	VI		NORTH READING	'n	ge (see instruction	▶ B	STER	n	700		tax return. Keep for yo for instructions and th	Health Coverage
Cat. No. 60704B						X X X X X	Jan Feb Mar Apr May	(e)		MA	04-3362283 21 State or province	17 Employer identification number (EIN)	MA	14 State or province	ns)	Heserved	NY	6 State or province	2 Social security number (SSN) or other TIN		our records. ne latest information.	
Form 1095-B (2020)						X X X	Jun Jul Aug Sep Oct Nov	(e) Months of coverage		US 02199-7611	1-888-407-5719 22 Country and ZIP or foreign postal code	18 Contact telephone number	US 01864	XX-XXX 1564 15 Country and ZIP or foreign postal code	- Employeridentification number (EIN)		US 14623	7 Country and ZIP or foreign postal code	TIN 3 Date of birth (if SSN or other TIN is not available)		CORRECTED 2020	VOID OMB. No. 1545-2252

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

OMB. No. 1545-2252

2020

US 01864 18 Contact telephone number 1-888-407-5719 22 Country and ZIP or foreign postal code US 02199-7611 S of coverage Jul Aug Sep Oct Nov Dec Jul Aug Sep Oct Nov Dec Jul Aug Sep Oct Nov Dec	US 01864) 18 Contact teler 1-888-407 22 Country and US 02199 Months of coverage Jun Jul Au Au L	Jun Jun	May (EIN	Apr Apr	MA 17 Employer identific 04-1045815 21 State or province MA	MA Employer idem 04-1045815 State or provir	Jan 21 17	ndividual.) (d) Covered all 12 months	NORTH READING ctions) 20 City or town BOSTON each covered indivice (e) DOB (if SSN or other TIN is not available) [[[[]]]] [[[]] [[]] [[]] [[]] [[]] [[] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[] [[]] [] [[]] [[]] [[] [[]] [[]] [[]] [[] [[]] [] [[]] [[]] [[[]] [[]] [[]] [[]] [[[]] [] [[]] [[]] [[[[]] [[]] [[[[]] [[]] [[[]] [[[]] [[[]] [[]] [[[]] [[[]] [[[]] [[]] [ider (see instruc SS 2 information for e (b) SSN or other TIN XXX-XX-1387	400 RIVERPARK DRIVE Part III Issuer or Other Coverage Provider (see instructions) 16 Name BLUE CROSS BLUE SHIELD OF MASS INC. 19 Street address (including room or suite no.) 101 HUNTINGTON AVENUE, SUITE 1300 Part IV Covered Individuals (Enter the information for each covered individuals) [a) Name of covered individuals (Enter the information for each covered individual.) [a) Name of covered individuals (b) SSN or other TIN (e) DoB (if SSN or other TIN is not available) 3 MALLAVARAPU XXX-XX-1387 24 25 [a) Name BLUE CROSS BLUE SHIELD OF MASS BOSTON BOSTON (d) Covered individual.) [d) Covered individual.) [d) Covered individual.) [d) Covered individual.) [d) Covered individual.)
11 Employer identification number (EIN) XX-XXXI564 15 Country and ZIP or foreign postal code	11 Employs XX-XX				14 State or province	State o			13 City or town	1	yern
					ed	9 Reserved	20.00	ee instructi	for codes):	age (see instructions	8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): ▶ B Part II Information About Certain Employer-Sponsored Coverage (see instructions)
Country and ZIP or foreign postal code US 14623	7 Country and US 14623				6 State or province	State o			5 City or town ROCHESTER		4 Street address (including apartment no.) 3238 WINTON RD S E25
3 Date of birth (if SSN or other TIN is not available)	3 Date of	er IIV	2 Social security number (SSN) or other IIN XXX-XX-1387	7	XXX-XX-1387	XXX-					SUDHA MALLAVARAPU