

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](http://www.irs.gov/Form1095B) for instructions and the latest information.

VOID  
 CORRECTED

**Part I Responsible Individual**

1 Name of responsible individual: First name, middle name, last name  
SIVA YADLAMIUDI

2 Social Security number (SSN) or other TIN  
XXX-XX-7078

3 Date of birth (if SSN or other TIN is not available)  
Country and ZIP or foreign postal code  
US 00816

4 Street address (including apartment no.)  
10 ARDMORE PL  
EASTBRUNSWICK

5 City or town  
QUINCY

6 State or Province  
MA

7 Country and ZIP or foreign postal code  
US 02269

8 Enter letter identifying origin of the health coverage (see instructions for codes): . . . . . **B**

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

9 Refined  
11 Employer identification number (EIN)  
XX-XXXX303

10 Employer name  
FERON CONSULTING, INC.

12 Street address (including room or suite no.)  
P.O. BOX 690204  
13 City or town  
QUINCY

14 State or Province  
MA

15 Country and ZIP or foreign postal code  
US 02269

16 Name  
17 Employer identification number (EIN)  
18 Contact telephone number  
BLUE CROSS AND BLUE SHIELD OF MASS  
04-3362283  
1-888-407-5719

19 Street address (including room or suite no.)  
20 City or town  
21 State or Province  
22 Country and ZIP or foreign postal code  
101 HUNTINGTON AVENUE, SUITE 1300  
BOSTON  
MA  
US 02199-7611

**Part IV Covered Individuals** (Enter the information for each covered individual.)

	(b) SSN or other TIN	(d) DOB (if SSN or other TIN is not available)	(e) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23 SIVA YADLAMIUDI	XXX-XX-7078		<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"/>	<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"/>	<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"/>
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"/>
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"/>