



Form 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.

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 CORRECTED

2020

Part I Responsible Individual

1 Name of responsible individual-First name, middle name, last name HARESH		2 Social security number (SSN or other TIN) ***-**-6553		3 Date of birth (If SSN or other TIN is not available)	
4 Street address (including apartment no.) 4158 DECORO ST APT 11		5 City or town SAN DIEGO		6 State or province CA	
				7 Country and ZIP or foreign postal code 92122-1421	
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 PSEMI CORPORATION			11 Employer identification number (EIN) 860652659		
12 Street address (including room or suite no.) 9369 CARROLL PARK DRIVE		13 City or town SAN DIEGO		14 State or province CA	
				15 Country and ZIP or foreign postal code 92121	

Part III Issuer or Other Coverage Provider (see instructions)

16 Name CIGNA HEALTH AND LIFE INSURANCE CO.		17 Employer identification number (EIN) 591031071		18 Contact telephone number 8553107345	
19 Street address (including room or suite no.) 900 COTTAGE GROVE ROAD		20 City or town BLOOMFIELD		21 State or province CT	
				22 Country and ZIP or foreign postal code 06152	

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 HARESH MURUGAIYAN SIVAKUMAR	***-**-6553		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24																