

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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OMB No.1545-2252

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Part I Res	ponsib	le Individual		and the structions a	and the late	ast illion	natio	i de							4					
Name of responsible individual-First name, middle name, last name							2 Social security number (SSN or other TIN)						3 Date of birth (If SSN or other TIN is not available)							
SUNIL KUMAR V				ATHUMILLI		***-**-7150														
4 Street address (including apartment no.)				5 City or town	6	6 State or province					7	7 Country and ZIP or foreign postal code								
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		n of the Health Coverage n about Certain E				ctions				P. L. Sanda				he was seen to						
Part II Information about Certain Employer-Sponsored Coverage (see ins							11 Employer identification number (EIN)									N)	et risi			
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12 Street address (including room or suite no.)				13 City or town 14 State or province				15	15 Country and ZIP or foreign postal code											
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Part III Issue	er or O	ther Coverage P	rovider (see instr	uctions)		340-475	(d. 12)	50-167	OFT	L. E.	a dip	CELLE!	2420	Out of	tous	ing c	JA Stagt	15		
CIGNA HEALTH AND LIFE INSURANCE COMPANY						17 Employer identification number (EIN) 591031071						18 Contact telephone number 8553107344								
19 Street address (including room or suite no.)				20 City or town	21	21 State or province					22	22 Country and ZIP or foreign postal code								
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(a) Name of covered individual(s) First name, middle initial, last name				(c) DOB (If SSN or other TIN is not available)	(d) Cov all 12 m		I if you had brite him had a				(e)	(e) Months of coverage								
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