

Health Coverage

Department of the Treasury
Internal Revenue Service

▶ 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

CORRECTED

2020

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name CHATANYA KRISHNA		2 Social security number (SSN) or other TIN ***-**-8743		3 Date of birth (if SSN or other TIN is not available)	
5 City or town AVENEL		6 State or province NJ		7 Country and ZIP or foreign postal code UNITED STATES 07001	
4 Street address (including apartment no.) 1000 STATION DRIVE APT 1026		9 Reserved			

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 ADP TOTALSOURCE INC	11 Employer identification number (EIN) 26-1344637
12 Street address (including room or suite no.) 10200 SUNSET DRIVE	13 City or town MIAMI
14 State or province FL	15 Country and ZIP or foreign postal code 33173

Part III Issuer or Other Coverage Provider (see instructions)

16 Name Oxford Health Insurance, Inc.	17 Employer identification number (EIN) 22-2797560	18 Contact telephone number 800-444-6222
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 <input checked="" type="checkbox"/>	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
23 CHATANYA KRISHNA	NADIPALLY	***-**-8743	<input checked="" 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"/>	<input type="checkbox"/>

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

Cat No 60704B

Form **1095-B** (2020)

Instructions for Recipients

