

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.

VOID

CORRECTED

OMB No. 1545-2252

2020

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name Rohith		2 Social security number (SSN) or other TIN ***-**-8288		3 Date of birth (if SSN or other TIN is not available)	
4 Street address (including apartment no.) 10 BLUE RIV		5 City or town IRVINE		6 State or province CA	
7 Country and ZIP or foreign postal code 92604		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 JADE GLOBAL, INC			11 Employer identification number (EIN) *****8920		
12 Street address (including room or suite no.) 1731 Technology Dr Ste 350		13 City or town San Jose		14 State or province CA	
15 Country and ZIP or foreign postal code 95110					

Part III Issuer or Other Coverage Provider (see instructions)

16 Name KAISER FOUNDATION HEALTH PLAN, INC.			17 Employer identification number (EIN) 941340523			18 Contact telephone number 844-477-0450		
19 Street address (including room or suite no.) One Kaiser Plaza 15L			20 City or town Oakland			21 State or province CA		
22 Country and ZIP or foreign postal code United States of America US 94612								

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	ROHITH JANUMPALLY	***-**-8288		<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"/>
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"/>
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"/>
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"/>
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"/>
28				<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"/>