

Issuer or Other Coverage Provider (Part III: Lines 16-22)

4 Ever Life  
 2 Mid America Plaza  
 Suite 200  
 Oakbrook Terrace, IL 60181

**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.

**Form 1095-B 2020**

OMB No. 1545-2252 Department of the Treasury Internal Revenue Service

VOID

CORRECTED

Federal ID: 36-2149353

Telephone 630-472-7749

**Employer Sponsored Coverage (Part II)**

Responsible Individual/Policy Holder (Part I: Lines 1-9)

J20210123215801-11234-0000985

SHANKAR GARLAPATI  
 10847 CHASE PARK LANE  
 APT B  
 CREVE COEUR, MO 63141



<sup>10</sup> Employer Name

CYNOFT SOLUTIONS INC

<sup>11</sup> Employer identification number (EIN)

20-8414899

<sup>12</sup> Street address (including room or suite no.)

239 New Road, Suite A105

<sup>13</sup> City or town

Parsippany

<sup>14</sup> State or Province

NJ

<sup>15</sup> Country and ZIP or foreign postal code

07054

<sup>8</sup> Policy Origin code

B

<sup>9</sup> Reserved

<sup>2</sup> SSN or other TIN

\*\*\*-\*\*-7504

<sup>3</sup> Date of Birth (If SSN or other TIN is not available)

Part IV

► Covered Individuals (Enter the information for each covered individual(s).) ◀

(a) Name of covered individual(s)	(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	
<sup>23</sup> Shankar Garlapati	***-**-7504		<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<sup>24</sup> Manasa Samudrala	***-**-2648		<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<sup>25</sup> Shriyan Garlapati	***-**-0329		<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<sup>26</sup>			<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"/>
<sup>27</sup>			<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"/>
<sup>28</sup>			<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"/>

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# Form 1095-B

Department of the Treasury  
Internal Revenue Service

## Health Coverage

OMB No. 1545-2252

# 2020

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### Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name	SHANKAR		2 Social security number (SSN) or other TIN	*****7504		3 Date of birth (if SSN or other TIN is not available)		
4 Street address (including apartment no.)	10847 CHASE PARK LN APT B		5 City or town	SAINT LOUIS		6 State or province	MO	
			7 Country and ZIP or foreign postal code	63141		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	ORGIN HOLDINGS INC		11 Employer identification number (EIN)	*****0204	
12 Street address (including room or suite no.)	21175 TOMBALL PKWY SUITE 127		13 City or town	HOUSTON	
			14 State or province	TX	
16 Name	ROCKY MOUNTAIN HOSPITAL AND MEDICAL SERVICE, INC.		17 Employer identification number (EIN)	84-0747736	
19 Street address (including room or suite no.)	120 MONUMENT CIRCLE		20 City or town	INDIANAPOLIS	
			21 State or province	IN	
			18 Contact telephone number	1-(855)-330-1218	
			22 Country and ZIP or foreign postal code	46204-4903	

### Part III Issuer or Other Coverage Provider (see instructions)

16 Name	SHANKAR		17 Employer identification number (EIN)	*****7504	
19 Street address (including room or suite no.)	ROCKY MOUNTAIN HOSPITAL AND MEDICAL SERVICE, INC.		20 City or town	INDIANAPOLIS	
			21 State or province	IN	
			18 Contact telephone number	1-(855)-330-1218	
			22 Country and ZIP or foreign postal code	46204-4903	

### 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 MANASA	SAMUDRALA *****2648		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24 SHRIYAN	GARLAPATI *****0327		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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"/>
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"/>	<input type="checkbox"/>

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

Cat. No. 60704B

Form 1095-B (2020)