

**Health Coverage**

VOID  
 CORRECTED

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form 1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

**Part I Responsible Individual**

TRACKING #: 3478702T1

1 Name of responsible individual - First name, middle name, last name  
**SRINIVASA RAO AKKIRAJU**

5 City or town  
**EWING**

2 Social security number (SSN) or other TIN  
**XXX-XX-0516**

3 Date of birth (if SSN or other TIN is not available)  
**903 SCENIC DR**

7 Country and ZIP or foreign postal code  
**US 08628-2209**

4 Street address (including apartment no.)  
**903 SCENIC DR**

6 State or province  
**NI**

9 Reserved

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . **D**

**Part II Information About Certain Employer-Sponsored Coverage (see instructions)**

10 Employer name

11 Employer identification number (EIN)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

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

16 Name  
**HORIZON HEALTHCARE SERVICES INC.**

17 Employer identification number (EIN)  
**22-0999690**

18 Contact telephone number  
**800-355-2583**

19 Street address (including room or suite no.)  
**3 PENN PLAZA EAST**

20 City or town  
**NEWARK**

21 State or province  
**NI**

22 Country and ZIP or foreign postal code  
**US 07105-2200**

**Part IV Covered Individuals (Enter the information for each covered individual.)**

PP-09T  
(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

	(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	SRINIVASA RAO AKKIRAJU	XXX-XX-0516		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	LAHARI PINAPAKA	XXX-XX-7150		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	NANDANA AKKIRAJU	XXX-XX-7170		<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>