

Health Coverage

VOID

OMB No. 1545-2252

5b011b

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.

CORRECTED

2021

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name
RANJITH

KUDUMULA

2 Social security number (SSN) or other TIN
***-**-2818

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
91 GARDEN TERRACE

5 City or town
NORTH ARLINGTON

6 State or province
NJ

7 Country and ZIP or foreign postal code
UNITED STATES 07031

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
SATYA MARG SOLUTIONS INC

11 Employer identification number (EIN)
22-3704686

12 Street address (including room or suite no.)
100 WOOD AVE S SUITE 202

13 City or town
ISELIN

14 State or province
NJ

15 Country and ZIP or foreign postal code
08830

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
UnitedHealthcare, Inc.

17 Employer identification number (EIN)
41-1922511

18 Contact telephone number
866-633-2446

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	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
23 RANJITH	KUDUMULA ***-**-2818		<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 checked="" type="checkbox"/>
24 DIVYA	MAILARAM ***-**-1988		<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 checked="" type="checkbox"/>
25 MANAS	KUDUMULA ***-**-4633		<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 checked="" type="checkbox"/>
26 DHEERAU	KUDUMULA ***-**-2016		<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 checked="" type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2021)

