Form 1095-B

N

2 of

Department of the Treasury

Health Coverage

▶ Do not attach to your tax return. Keep for your records.

VOID

OMB No. 1545-2252

Responsible Individual	Internal Revenu		A 10	► Go to www.irs.go	//Form1095B for insti	ructions ar	nd the la	atest inf	ormatio	n.	10 10										
Name of responsible individual—First name, middle name, last name		Responsil	ole Individual	Red Control							No.			- 75	7	1 10 mm	A. 40.				
## State address (including room or suite no.) 13 City or frown NEWTOWN 14 State or province 15 County and ZIP or foreign postal code 17 City or foreign postal code 18 County and ZIP or f	Name of responsible individual–First name, middle name, last name											TIN 3	3 Date of birth (if SSN or other TIN is not available)								
## Enter letter identifying Origin of the Health Coverage (see instructions) ## Enter letter identifying Origin of the Health Coverage (see instructions) ## Information About Certain Employer-Sponsored Coverage (see instructions) ## Information Employer-Spon	4 Street add	dress (including a	City or town			6 State or province					7 Country and ZIP or foreign postal code										
8 Enter letter identifying Origin of the Health Coverage (see instructions) Part Information About Certain Employer-Sponsored Coverage (see instructions) 11 Employer identification number (EIN)	43329 CEDAR	WOOD DR	Contract of Maria	FREMONT	REMONT								94538								
10 Employer identification number (EIN) 13 City or town 14 State or province 15 Country and ZIP or foreign postal code 06470 15 Country and ZIP or foreign postal code 06470 16 Cornect telephone number (EIN) 17 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 17 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 17 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Country and ZIP or foreign postal code 18 Employer identification number (EIN) 18 Employer i	8 Enter lett						В		d												
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 II	Informatio	on About Certain	Employer-Spons	sored Coverage (see instr	uctions	3)	117	. 3	1	100		odpa	25.5	100	3.36	0.5			
12 COMMERCE ROAD									THE RESERVE OF THE PROPERTY OF						[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]						
Same			18	-								The state of the s									
19 Name 17 Employer identification number (EIN) 18 Contact telephone number 19 Street address (including room or suite nc.) 20 City or town PNDIANAPOLIS IN State or province 22 Country and ZIP or foreign postal code 45/204-4903	T. Committee	8.7	EU JANES CONSISTE LA CA	Duraniday (see isst			336	CI		Tape I	SOUTH.		00470	6 F5 5		16 170	2 30	LIPUSH			
ANTHEM HEALTH PLANS, INC. 19 Street address (including room or suite no.) 20 City or town INDIANAPOLIS IN 45204-4903 22 Country and ZIP or foreign postal code INDIANAPOLIS IN 45204-4903 420 Covered Individuals (Enter the information for each covered individuals) (e) Name of covered individuals (Enter the information for each covered individuals) First name, middle initial, last name (b) SSN or other TIN (e) DOB (if SSN or other TIN is not available) 23		issuer or C	Otner Coverage i	Provider (see inst	ructions)		17	Employ	er identifi	cation nu	mber (EIN) 1	B Conta	ct teleph	one numb	per	white.	4 400			
19 Street address (including room or suite no.) 20 City or town 21 State or province 12 Manual Port of covered Individuals (Enter the information for each Covered Individual.)				\$	06-1475928																
120 MONUMENT CIRCLE	The second secon		20 City or town	City or town			21 State or province				22 Country and ZIP or foreign postal code										
(a) Name of covered individual(s) First name, middle initial, last name (b) SSN or other TIN (c) DOB (if SSN or other TIN TIN is not available) Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	120 MONUME	ENT CIRCLE	INDIANAPOLIS	INDIANAPOLIS				IN					46204-4903								
First name, middle initial, last name TIN is not available) all 12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec AJAY KUMAR ALIGETI X X X X X X X X X X X X X X X X X X X	Part IV	Covered I	ndividuals (Enter	the information fo	r each covered in	dividual.)	1				3 12 1	THE COLUMN		21 7 11 11 11	or and the	har fa	2 65 May 14	NO SECTION OF			
AJAY KUMAR 23 X X X X X X X X X							(e) Mont						hs of coverage								
	Lille] only nur	FORM ALTS ALTO	A COLUMN			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
	AJAY KUMA	R	ALIGETI	*****4339	The state of the s			· 1850:1	. W 70	0,	1112	1.000									
	upe bu	to the same of the	1.50	Property jern			V	V		V	v	∇	П	R POLL	300	DAL 3 F8	22 C 6	Abril			
	23	A J J L PA	THOUGHT BELLION	PT IN C. QUI C	PRIE DE 1995	117-5-						A	()		37.S.	un Est	£ 00 Hz	1			
			(4)	100 8 01 300 0 H	di Pashi.					П	Jone .										
	24		040 40 40 40						Ш		0.		10 10 10				-				
	- Approprie	varietal of mis	er perconalida, a	ALLE III E ARIES	The National Contract	1	-10	14 11		11371	t dini d	GLC-	Frub	nAgt-J	PINE PI	ALSC A	U. GES	TO THE			
		And the second	1 Section Williams	unic de Maryo	Reference to the					П		П	П	П	П	П					
	25	12. 10	Chatte ATT BULL	3801.		13 -						ш									
	71-Qealdin	Mar 35 131 4	PORT RECORDED CO				1.2	79-14				H.FC .	198								
			A SAC								C. C.		1 1/4 18		984			7, 11, 12			
instructions for Rectrient	26	ir pigni 122 mir					1	300 . 100		254 BD		d, ror	3 - 1 - 3								
instructions for Rectrient		g to see "Wit	PRO LE LES		# Single			Carrier V.							-						
instructions for Rectrient	27	NULL HOSOLIA	GBASS 1 60 to provide the National comments	10 1 1 AJC	c. an above	8Ge	وليا	100 273	Ш	Ш			Ш	Ш	3 1/4	Ш,					
28		NORTH DESIGNATION		A STAN NEW YORK		-		4	1	1.79	Fe.	19			300	41.25	100				
	Pinal	uction	Sign Fredit	-514						W 8	· FT	a Dalu		Liga.	80 3		202				
	28 -		-	a company	4										ш.						