

Health Coverage

VOID
 CORRECTED

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual

TRACKING #: 9125528T1

1 Name of responsible individual- First name, middle name, last name REDDY SREE CHAR THOTA		2 Social security number (SSN) or other TIN XXX-XX-2746	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 3966 SUKAY DR	5 City or town MCKINNEY	6 State or province TX	7 Country and ZIP or foreign postal code US 75070-1660
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): ▶ B		9 Reserved	

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

10 Employer name MIRANTIS, INC.			11 Employer identification number (EIN) XX-XXX5086
12 Street address (including room or suite no.) 900 E HAMILTON AVE #650	13 City or town CAMPBELL	14 State or province CA	15 Country and ZIP or foreign postal code US 95008

Part III Issuer or Other Coverage Provider (see instructions)

16 Name CALIFORNIA PHYSICIANS SERVICE DBA BLUE SHIELD OF CALIFORNIA		17 Employer identification number (EIN) 94-0360524	18 Contact telephone number 855-599-2650
19 Street address (including room or suite no.) 601 12TH STREET	20 City or town OAKLAND	21 State or province CA	22 Country and ZIP or foreign postal code US 94607

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	REDDY SREE CHAR THOTA	XXX-XX-2746		<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	SRINIDHI PALLETI	XXX-XX-6043		<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				<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"/>