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Coverage

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TANYA OMPRAK GUPTA	Name of responsible Individual	→ Go to	Department of the Treasury USIK 11371 SUICE Do not attach to your tax return. Keep for your record	E Whitemploast light casefully covered Health Coverage
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r foreign postal code	N or other TIN is not available)			%@ 2

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Petri III) Issuer or Other Coverage Provider (see instructions)	William of the second second to the following	MOS JUNE DE CONTRACTOR DE L'ANDRE L'AL HOURS
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Covered Individuals (Enter the information for each covered individual.)	ach covered individual.)	ONS USER WITH THE CULTURES EN	h sa Michiga Of Medicare, of Citier
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(a) Name of covered individual(s)	(b) SSN or other TIN (c) DOB (f SSN or other (d) Coxeed TIN is not available) all 12 months (07/03/1997	(c) DOB (if SSN or other TIN is not available) 07/03/1997	(d) Covered all 12 months] Feb	Mar	Apr	May	(e) Months of co	(e) Months of coverage pr May Jun Jul Au	Aug	Sep	(e) Months of coverage Control Could Nov Dec	Nov	Dec -
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