

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

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

VOID

CORRECTED

560118

OMB No. 1545-2252

2021

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name PRADEEP K SANGEPU		2 Social security number (SSN) or other TIN ***-**-1491	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 711 BERKSHIRE PLACE	5 City or town MILPITAS	6 State or province CA	7 Country and ZIP or foreign postal code UNITED STATES 95035
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶		9 Reserved	

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

10 Employer name SP TECH RESOURCES INC		11 Employer identification number (EIN) 37-1795098	
12 Street address (including room or suite no.) 525 ROUND ROCK WEST DR A185	13 City or town ROUND ROCK	14 State or province TX	15 Country and ZIP or foreign postal code 78681

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 PRADEEP K SANGEPU	***-**-1491		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

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