Form 1095-B	m 1095-B Health Coverage											OMB No. 1545-2252				
Department of the Treasury Internal Revenue Service	Do not att Go to www.irs.gov/								2021							
Part   Responsible	ndividual															
1 Name of responsible individual-Fire ARJUN	NENI		2 Social security number (SSN or other TIN ***-**-1381						N) 3 Date of birth (if SSN or other TIN is not available							
		5 City or BOSTO			6 State or province MA					7 Country and ZIP or foreign postal code 02118						
8 Enter letter identifying Origin of the	Health Coverage (see instructions	s for codes	):	В	9 Reserved											
Part If Information Al	bout Certain Employer-S	ponsor	ed Coverage	(see instruction	ns)											
10 Employer name NORTHEASTERN UNIVERSITY							11 Employer identification number (EIN) 04-1679980									
360 HUNTINGTON AVE Boston			x town	14 State or province MA					15 Country and ZIP or foreign postal code 02115							
16 Name	r Coverage Provider (see	e instruc	ctions)		17 Employer ide	ntificati	ion nur	nber (El				hone nu	mber	_		
NORTHEASTERN UNIVERSITY				04-1679980					6173732000							
360 HUNTINGTON AVE B		20 City of Boston		21 State or province MA					22 Country and ZIP or foreign postal code 02115							
Part IV Covered Indivi	duals (Enter the information	tion for	each covered in	ndividual.)				_	_		_					
(a) Name of a First name, mi	(b) SSN or other TIN	(e) DOB (It SSN or other TIN is not available)						Months of coverage								
						Jan	Feb	Mar	Apr M	ay Ju	n Jul	Aug S	Sep	Oct	Vov	Dec
ARJUN S	KATNENI		***-**-1381		X											
24																
25																
26																
27						-	-			-						
28				-	-	-	-			-	-		-			