Form 1095-B	Health Coverage												OMB No. 1545-2252						2			
Department of the Treasury Do not attach to your tax return. Keep for Internal Revenue Service Go to www.irs.gov/Form1095B for instructions and							r records. CORREC									2021						
Part I Responsible I	Inc	dividual																				
1 Name of responsible individual-First name, middle name, last name GAGAN D				PRABHU			2 Social security number (SSN or other TIN) ***-**-1631							3 Date of birth (if SSN or other TIN is not available)								
			5 City or town BOSTON			6 State or province MA							7 Country and ZIP or foreign postal code 02120									
8 Enter letter identifying Origin of the	еH	lealth Coverage (see instructions f	or codes	):>	В	91	Reserved															
Part II Information A	b	out Certain Employer-Sp	onsor	ed Coverage (	see instructio	ns)																
10 Employer name NORTHEASTERN UNIVERSITY											11 Employer identification number (EIN) 04-1679980											
360 HUNTINGTON AVE			13 City o Boston		14 State or province MA							15 Country and ZIP or foreign postal code 02115										
Part III Issuer or Other Coverage Provider (see instructions) 16 Name NORTHEASTERN UNIVERSITY						17 Employer identification number (EIN) 04-1679980							18 Contact telephone number 6173732000									
19 Street address (including room or suite no.) 360 HUNTINGTON AVE			Boston				21 State or province MA						22 Country and ZIP or foreign postal code 02115									
Part IV Covered Indiv	vio	duals (Enter the informati	on for	each covered ir	ndividual.)																	
(a) Name of covered individual(s) First name, middle initial, last name				(b) SSN or other TIN			(d) Covered	(e) N					Months of coverage									
First name, modie minal, last name					TIN is not available		all 12 months		Jan Feb		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
23 GAGAN C	DF	RABHU		***-**-1631				x	х	х	х	х	Х	x	X							
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