## Form 1095-B

Health Coverage

OMB No. 1545-2252

Department of the Treasury Internal Revenue Service Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information.

CORRECTED

2021

Part I Responsible II	ndividual												-							
Name of responsible individual-Firs     DIVYA		SUBBAIAN			2 Social security number (SSN or other TIN							3 Date of birth (if SSN or other TIN is not available								
4 0.1.001			5 City or town BOSTON			6 State or province MA						7 Country and ZIP or foreign postal code 02215								
8 Enter letter identifying Origin of the	9 Reserved																			
Part II Information A	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			13 City or town Boston			14 State or province MA						15 Country and ZIP or foreign postal code 02115								
	er Coverage Provider (see	e instru	ctions)																	
16 Name NORTHEASTERN UNIVERSITY												18 Contact telephone number 6173732000								
19 Street address (including room or suite no.) 360 HUNTINGTON AVE			or town							22 Country and ZIP or foreign postal code 02115										
Part IV Covered Indi	viduals (Enter the informa	tion for	each covered in	ndividual.)					17 21											
(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (If SSN or off							May Jun Jul Aug Sep Oct Nov Dec									
	This is the first terms		***-**-5606	The is not available)	all 12 monuts	Jan	Feb X	Mar	Apr	May X	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
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