Form 1095-B Department of the Treasury

Health Coverage

Do not attach to your tax return. Keep for your records.

CORRECTED

OMB No. 1545-2252

2021

consible individual-First name, middle name, last name B			2 Social security number (SSN or other TIN ***-**-3520						3 Date of birth (if SSN or other TIN is not available								
	5 City or town SOMERVILLE		6 State or province MA						7 Country and ZIP or foreign postal code 02145								
aalth Coverage (see instructions f	or codes): >	В	9 Reserved														
ut Certain Employer-Sp	onsored Coverage	(see instructions	s)														
10 Employer name NORTHEASTERN UNIVERSITY											11 Employer identification number (EIN) 04-1679980						
12 Street address (including room or suite no.) 13 City of Boston Boston			14 State or province MA						15 Country and ZIP or foreign postal code 02115								
Coverage Provider (see	instructions)																
16 Name NORTHEASTERN UNIVERSITY				17 Employer identification number (EIN) 04-1679980						18 Contact telephone number 6173732000							
			21 State or province MA						22 Country and ZIP or foreign postal code 02115								
uals (Enter the informati	on for each covered i	ndividual.)	2 2 2 E		1				100	8 2				3/15			
(a) Name of covered indivídual(s) First name, middle initial, last name																	
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