## 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.

CORRECTED

OMB No. 1545-2252

2021

Part 1	Responsible Ir																				
1 Name of responsible individual-First name, middle name, last name SRINATH IN				R	2 Social security number (SSN or other TIN)						3 Date of birth (if SSN or other TIN is not available										
4 Street address (including apartment no.) 1 DELL ST				r town	6 State or province MA						7 Country and ZIP or foreign postal code 02145										
8 Enter letter i	9 Reserved																				
Part II	Information Ab	out Certain Employer-	Sponso	red Coverage	(see instruction	is)															
10 Employer name NORTHEASTERN UNIVERSITY														11 Employer identification number (EIN) 04-1679980							
12 Street address (including room or suite no.) 360 HUNTINGTON AVE				or town	14 State or province MA						15 Country and ZIP or foreign postal code 02115										
Part III	Issuer or Othe	r Coverage Provider (s	ee instru	ctions)		JII To the second															
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				or town	21 State or province MA						22 Country and ZIP or foreign postal code 02115										
Part IV	Covered Indivi	iduals (Enter the inform	ation for	each covered	individual.)	No. 1	Fall	8													
(a) Name of covered individual(s) First name, middle initial, last name				(b) SSN or other TIN (			(e) 1					Months of coverage.									
					TIN is not available)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
23 SRINATH	N	IYER		***-**-1453		X															
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25																		-			
26																					
27																					
28					5 8 4 9																
			2													_					