

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.

OMB No. 1545-2252

CORRECTED

2020

Part I Responsible Individual

1 Name of responsible individual-First name, middle name, last name SISIR		PASUMARTI		2 Social security number (SSN or other TIN) ***-**-6133	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 78 PERKINS STREET		5 City or town SOMERVILLE	6 State or province MA	7 Country and ZIP or foreign postal code 02145	
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): > B				9 Reserved	

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name NORTHEASTERN UNIVERSITY			11 Employer identification number (EIN) 04-1679980		
12 Street address (including room or suite no.) 360 HUNTINGTON AVE		13 City or town 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		20 City or town BOSTON	21 State or province MA	22 Country and ZIP or foreign postal code 02115	

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage														
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
23 SISIR	PASUMARTI	***-**-6133	X															
24																		
25																		
26																		
27																		
28																		