

# 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](http://www.irs.gov/Form1095B) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-2252  
**2021**

### Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name  
ANAND

2 Social security number (SSN) or other TIN  
\*\*\*\*\*7111

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)  
1037 KING WAY

5 City or town  
BREININGVILLE

6 State or province  
PA

7 Country and ZIP or foreign postal code  
18031

9 Reserved

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

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . **B**

10 Employer name  
AXTRIA INC

11 Employer identification number (EIN)  
\*\*\*\*\*2668

12 Street address (including room or suite no.)  
300 CONNELL DRIVE 5TH FLOOR

13 City or town  
BERKELEY HEIGHTS

14 State or province  
NJ

15 Country and ZIP or foreign postal code  
07922

### Part III Issuer or Other Coverage Provider (see instructions)

16 Name  
BLUE CROSS OF CALIFORNIA

17 Employer identification number (EIN)  
95-3760980

18 Contact telephone number  
1-866-207-9878

19 Street address (including room or suite no.)  
120 MONUMENT CIRCLE

20 City or town  
INDIANAPOLIS

21 State or province  
IN

22 Country and ZIP or foreign postal code  
46204-4903

### 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	ANAND	*****7111		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24	GUPTA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

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