

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

OMB No. 1545-2252

CORRECTED

**2021**

**Part I Responsible Individual**

1 Name of responsible individual—First name, middle name, last name <b>Vamshi Krishna Rao</b>		2 Social security number (SSN) or other TIN <b>***-**-2414</b>	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) <b>955 ESCALON AVE APT 308</b>		5 City or town <b>SUNNYVALE</b>	6 State or province <b>CA</b>
7 Country and ZIP or foreign postal code <b>94085</b>		9 Reserved	
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): <b>B</b>			

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

10 Employer name <b>COMCAST CORPORATION</b>			11 Employer identification number (EIN) <b>*****6774</b>
12 Street address (including room or suite no.) <b>1701 John F Kennedy Blvd FL 21</b>		13 City or town <b>Philadelphia</b>	14 State or province <b>PA</b>
15 Country and ZIP or foreign postal code <b>19103</b>			

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

16 Name <b>KAISER FOUNDATION HEALTH PLAN, INC.</b>		17 Employer identification number (EIN) <b>941340523</b>	18 Contact telephone number <b>844-477-0450</b>
19 Street address (including room or suite no.) <b>One Kaiser Plaza 15L</b>		20 City or town <b>Oakland</b>	21 State or province <b>CA</b>
22 Country and ZIP or foreign postal code <b>United States of America US 94612</b>			

**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	
<b>VAMSHI KRISHNA RAO</b>	<b>MESINENI</b>	<b>***-**-2414</b>	<input checked="" 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"/>
24			<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"/>

