Form 1095-B Department of the Treasury Internal Revenue Service	our rece	ur records.					VOID		OMB. No. 1545-2252						
Part I Responsible Individual				he lates	t inform	natio-				Onne					_
Name of responsible individual- First name, m	niddle name, last name	Track	ting #:	213815	35T5	ation.						SSN or oth	ar TIN is	not avail	ab
SHUBHAM AMRUTLA KATARIYA				2	Social ser	curity nur	phorion	- sthar	TIN T	3 Date of	birth (if S	SSN or ou	101 1114		
4 Street address (including apartment no.)		5 City or town			Social security number (SSN) or other TIN XXX-XX-3905 State or province					7 Country and ZIP or foreign postal code					
				6											
814 CHERRY ORCHARD PL	860	SANTA CLAI	RΛ												
8 Enter letter identifying Origin of the Heal	Ith Coverage (see instruction	ns for codes):	IVA .	-	CA					US 95	5051				
2 Enter retter identifying Origin of the Free	I F -lavor-Span-	codes):	▶		Reserved	E PROPERTY OF THE PARTY OF THE									
Part II Information About Cert	tain Employer Sponso	red Coverage (s	see instruction	ne)											_
10 Employername			9 1	71137						1 Employ	ver identif	fication nu	mber (EIN	۷)	
12 Street address for the second second		12.00							11 Employer identification number (EIN)						
12 Street address (including room or suite no.)		13 City or town			14 State or province					15 Country and ZIP or foreign postal code					
						3411108			1						
Part III Issuer or Other Covera	ge Provider (see instr	uctions)													-
16 Name	gerien		2 2 2 2	100	TAKE	75 120 (10)									-
Aetna Life Insurance Compan	N.			17	Employe	ridentific	ation num	ber (EIN)	1	18 Contact telephone number					
19 Street address (including room or suite no.)	y	20 City or town	1		06-6033	3492				855-531-6837 22 Country and ZIP or foreign postal code					
	1000			21	State or p	province	STORY.		2	2 Countr	y and ZIP	or toreigi	postaro		
PO Box 981206		El Paso		T & Ber	2.41						2222				
Part IV Covered Individuals (En	nter the information for	r seek								US 79	9998				
	inter the information to	leach covered in	ndividual.)		TX	75000	Propest I			05 /	,,,,				7
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not	(d) Covered all 12 months		3 9			(e)	Months	of coverage					
(a) Name of covered individual(s)		N (c) DOB (If SSN or	(d) Covered	Jan	Feb	Mar	Anr		Months			Sep	Oct	Nov	I
(a) Name of covered individual(s)		N (c) DOB (If SSN or other TIN is not available)	(d) Covered		3 %	Mar	Apr	(e) May		of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA 24	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA 24	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA 24	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
(a) Name of covered individual(s) First name, middle initial, last name SHUBHAM AMRUTLA 23 KATARIYA 24 25	(b) SSN or other T	N (c) DOB (If SSN or other TIN is not available)	(d) Covered	Jan	Feb	1	1	May	Jun	of covera	ge	Sep	Oct	Nov	
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