

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.

VOID
 CORRECTED

OMB No. 1545-2252

2021

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name
 KRISHNAMOCHAN CHARUGUNDLA

2 Social security number (SSN) or other TIN
 *****9914

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

4 Street address (including apartment no.)
 8700 MILLICENT WAY APT 1002

5 City or town
 SHREVEPORT

6 State or province
 LA

7 Country and ZIP or foreign postal code
 71115

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
 STRATEGIC SYSTEMS INC

11 Employer identification number (EIN)
 *****5642

12 Street address (including room or suite no.)
 475 METRO PL S STE 450 AMBERTON

13 City or town
 DUBLIN

14 State or province
 OH

15 Country and ZIP or foreign postal code
 43017

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
 COMMUNITY INSURANCE COMPANY

17 Employer identification number (EIN)
 31-1440175

18 Contact telephone number
 1-(833)-639-1634

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	KRISHNAMOCHAN CHARUGUNDLA	*****9914		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RAJANI CHARUGUNDLA	*****2715		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	TANMAYI CHARUGUNDLA	*****2813		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	GESHNA CHARUGUNDLA	*****2878		<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>